

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 15, 2007 8:00 am
Secretary of State

01-18-2007 90017 015 ****50.00

DOCUMENT # L06000106431					
1. Entity Name COMMUNITY MANAGEMENT, LLC					
Principal Place of Business 11319 EDGEWATER CIRCLE WELLINGTON, FL 33414			Mailing Address 11319 EDGEWATER CIRCLE WELLINGTON, FL 33414		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01092007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-5842232				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				30000611	
6. Name and Address of Current Registered Agent PHILIP J. CROYLE, ESQ. 370 W. CAMINO GARDENS BLVD. SUITE 300 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LINDENMAN, CARL 11319 EDGEWATER CIRCLE WELLINGTON, FL 33414	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					