FILED May 03, 2007 8:00 am Secretary of State 04-17-2007 90249 043 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000107978 1. Entity Name TOWNCENTER FORUM MUSA LLC							200	ncs24	
Principal Place of Business			Mailing Address			30006624			
1590 ISLAND LANE 28			1590 ISLAND LANE 28]			
FLEMING ISLAND, FL 32003 US			FLEMING ISLAND, FL 32003 US						
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				 		H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Suite, Apt. #, etc.			Surie, Apt. #, etc.			03162007	Chg-LLC	CR2E083 (12/06)	
City & State			City & State		4. FEI Numb	584889Z	• • • • • • • • • • • • • • • • • • •	optieo For ot Applicable	
Zip	Country		Zip Count		itry		e of Status Desired	S5.00 Add	
6. Name and Address of Current R			ogistered Agent Namé		7. Name and	d Address of New R	egistered Agent		
O'CONNOR, JOHN W 1590 ISLAND LANE					(P.O. Box Numb	per is Not Acceptable	<u> </u>		
28 FLEMING ISLAND, FL- 32003								·- 	
					City			FL Zip Cod	le
6. 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 Sometive, lybert or printed name of registered agent and the if applicable. (NOTE: Perp stered Agent signature required when remissang) Out									
Filing Fee is \$50.00								e check payable to	
Due by May 1, 2007								Department of Stat	•
9. TITLE	MGR	MANAGING MEMBEI	RS/MANAGERS Detete	10.			ADDITIONS/	CHANGES Change	Addition
NAME STREET ADDRESS	•	OR, JOHN W AND LANE, SUITE 28		NAM STRE	E ET ADORESS				
CITY-ST-ZIP	1	SISLAND, FL 32003			- ST - ZIP				
TITLE NAME			Detete	TITL NAM	I			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					ET ADORESS -SI-DP				
TITLE			☐ Delete	TITU	ı			Change	Addition
STREET ADDRESS	}			NAM STRE	et adoress				
CITY-ST-ZIP			Delete	CITY	-ST-2IP_			☐ Change	☐ Addition
NAME			La despe	HAM	E				
STREET ADDRESS CITY-ST-ZIP					ET ACORESS -ST-ZIP				
TITLE NAME			☐ Delete	TITU	ı			Change	☐ Addition
STREET ADDRESS				STA	EET ADORESS -S1-ZIP				-
TITLE	 		☐ Deigte	TITL				☐ Change	Addition
NAME STREET ADORESS				NAN STRI	EET ADORESS				
CITY-ST-ZIP	i				- \$T- ZIP				
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.									
indicatéd	d on this repo	ort is true and accurate and	that my signature shall have	the sam	e legal effect as if r	made under oat	h; that I am a manag	irther certify that the info jing member or manage	ormation or of the
indicatée	d on this repo	ort is true and accurate and any or the receiver or trustee	that my signature shall have	the sam report a	e legal effect as if r s required by Chap	made under oat oter 608, Florida	h; that f am a manag Statutes.	orther certify that the info ging member or manage	er of the