## FILED Jun 04, 2007 8:00 am Secretary of State 05-07-2007 90376 011 \*\*\*\*50.00

## ·· 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000110757  1. Entity Name LANDINGS AT PARKVIEW, LLC					ეჟჟააი		
Principal Place of Business 1991 MAIN STREET, #208 SARASOTA, FL 34236			Mailing Address 1991 MAIN STREET, #208 SARASOTA, FL 34236				
2. Principal Place of B	usiness - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Numi	Der		plied For Applicable
Zip	Country	Zip	Country	5. Certificat	e of Status Desired	S5.00 Addi	
6, Na	eme and Address of Cu	rrent Registered Agent		7. Name an	d Address of New Reg	Istored Agent	
 Wagner, E. Joi	HN II		Name				
200 SOUTH ORA SARASOTA, FL	INGE AVENUE		Street A	ddress (P.O. Box Num	ber is Not Acceptable)		
			City	<del></del>		FI Zip Code	<del></del>
	typed or prefed rame of registers see is \$50.00 May 1, 2007	o agent and the diagraphs. (NO	TE: Registered Agent signa	bute required when reinstating)		Check payable to Department of State	
9.		EMBERS/MANAGERS	10.		ADDITIONS/C	HANGES	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	MGR Roger L Ho 1991 Main S		Change	Addition
CITY-ST-ZIF			CITY-SI-ZIP	Sarasota	FL 34236		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wayne W.1 1991 Main Sarasota	FL 34236 Puben St., Stc 208 FL. 34226	∏ Change	Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		100100	Change	Addition
NAME STREET ADDRESS: CITY-ST-ZIP		☐ Deiste	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	;		☐ Change	Addition
11. I hereby certify to indicated on this limited liability or	that the information supplies report is true and accur, ompany or the receiver of	ied with this filing does not qualify ste and that my agnature shall hav r trustee empowered to execute th	for the exemptions re the same legal et is report as require	contained in Chapter 1 fect as if made under o d by Chapter 608, Florid	19, Florida Statutes, I fur path; that I am a managi da Statutes.	ther certify that the infing member or manage	onnation er of the
SIGNATUR	E: ATURE AND TYPES OR PRINTING	VAME OF SIGNAL MAYAGING MEMBER,	NANAGER, OR AUTHORIS	ZO REPRÉSENTATIVE	4-24-07 Deco	941-953 Deviros Prioris 8	.4500