## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## FILED Apr 03, 2007 8:00 am Secretary of State 03-06-2007 90078 002 \*\*\*\*55.00

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DOCUMENT # L06000119076  1. Entity Name ENERGY COURT CONDOMINIUMS, LLC								2007 90078 002	****55.00
Principal Place 14400 COVE BRADENTON,	NANT WAY		Mailing Address 14400 COVENANT WAY BRADENTON, FL 34202		30003917				
2. Principal Pi	ace of Busin	ness - 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 Numb	-80462		pplied For ot Applicable	
Zip	Country		Zip	Country		5. Certificate	of Status Desired	\$5.00 Ad Fee Require	ditional ad
	6. Name	and Address of Current	Registered Agent	egistered Agent Name		7. Name and	d Address of New F	Registered Agent	
CHIOFALO, ANTHONY 14400 COVENANT WAY BRADENTON, FL 34202					(P.O. Box Numb	per is Not Acceptable	e)		
;.	-				City		<u> </u>	Zip Coo	ie .
a The above	-amad antil	to a should this statement to	the owners of changing its	register	<u> </u>	rad appet or br	the in the State of El	FL	
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 Signature, typed or printed name of registered agent and title if applicable (MOTE: Registered Agent signature required when reinstating)  DATE									
Pi (b) Di	ling Fee ue by Ma	is \$50.00 y 1, 2007					ke check payable to a Department of Stat	te .	
9.		MANAGING MEMBE	ERS/MANAGERS	PS/MANAGERS 10.			ADDITIONS	/CHANGES	
TITLE	MGRM.		Delete					☐ Change	☐ Addition
NAME STREET ADDRESS	l.	OOD RANCH CORPORA OVENANT WAY			eet address				ļ
CITY-ST-ZIP	BRADEN	TON, FL 34202		спу					
TITLE NAME			Delete IITU		l l			Change	Addition
STREET ADDRESS					EET ADDRESS				Ì
CITY-ST-ZIP		<del></del>			1-SI-ZIP				
TITLE NAME			☐ Delete	TITL NAM	· ·			☐ Change	☐ Addition
STREET ADDRESS				STA	EET ADDRESS				
CITY-ST-ZIP				CITY	Y-ST-ZIP			CI Share	
TITLE NAME					LE ME			☐ Change	☐ Addition
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CITY-ST-ZIP TITLE	Delete				Y-ST-ZIP .E			☐ Change	☐ Addition
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CITY-ST-ZIP	<u> </u>				Y-ST-ZIP				
TITLE	☐ Delete Till				l.			☐ Change	Addition
name Street address					ME EET ADDRESS				ł
CITY-ST-ZIP	<u> </u>				8-51-20P				
11. Thereby certify that the information supplied with this filing does not edulity 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 MALL ANTHONY J. CHIOFALO Z.1.07 941-757-1626									
SIGNATURE: SIGNATURE MOST PER PRINTED HAME OF SIGNING MANAGINO MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Care Carrier Prons #									