

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90058 038 ***138.75

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DOCUMENT # L07000042450 1. Entity Name EMERALD LAKES OF LEE COUNTY, LLC					
Principal Place of Business 8045 NW 155 STREET MIAMI LAKES, FL 33016			Mailing Address 8045 NW 155 STREET MIAMI LAKES, FL 33016		
2. Principal Place of Business - No P.O. Box # 265 Sevilla Ave		3. Mailing Address 265 Sevilla Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Coral Gables, FL		City & State Coral Gables, FL		4. FEI Number 20-8911396	
Zip 33134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, EDDY 8045 NW 155 STREET MIAMI LAKES, FL 33016			7. Name and Address of New Registered Agent Name Garcia, Eddy Street Address (P.O. Box Number is Not Acceptable) 265 Sevilla Ave City Coral Gables FL Zip Code 33134		
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 DATE 4/18/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, EDDY 8045 NW 155 STREET MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Garcia, Eddy 265 Sevilla Ave Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAIZGRUN, DAVID 8045 NW 155 STREET MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kraizgrun, David 265 Sevilla Ave Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: manager			Date 4/18/08 Daytime Phone # (305) 448-9442		