

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

02-28-2008 90104 043 ***138.75

DOCUMENT # L07000054295		
1. Entity Name NUMBER 76 ASPENWOOD, LLC		

Principal Place of Business 72 ASPEN DRIVE HAINES CITY, FL 33844	Mailing Address 72 ASPEN DRIVE HAINES CITY, FL 33844
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30003285

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

01232008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0261306	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
EARLEY, J. DIXON 72 ASPEN DRIVE HAINES CITY, FL 33844	

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 <i>J Dixon Earley</i>	DATE <i>2/25/08</i>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARRO, WILLIAM 123 OLD DENVILLE ROAD BOONTON, NJ 07005 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAGE, JAMES R 53 DEER PATH DRIVE FLANDERS, NJ 07836 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTMAN, JOHN 10810 TOPBRANCH LANE COLUMBIA, MD 21044 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLON, WILLIAM P.O. BOX 493 ISELIN, NJ 088300493 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EARLEY, J. DIXON 151 OLD FORD DRIVE CAMP HILL, PA 17011 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>J Dixon Earley</i>	<i>J. DIXON EARLEY 2/25/08 863-419-0514</i>