

2007 LIMITED LIABILITY COMPANY ' ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90031 002 ****50.00

DOCUMENT # L99000001345

1. Entity Name

GARBER COMMUNITY, L.L.C.



Principal Place of Business

Mailing Address

140 ORLANDO AVENUE, SUITE 150-9
WINTER PARK FL 32789

140 ORLANDO AVENUE, SUITE 150-9
WINTER PARK FL 32789

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

29605 US 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

130

City & State

City & State

CLEARWATER FL

Zip

Country

Zip

Country

33761

PINELLAS

4. FEI Number

59-3645195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARBER, LAMONT
140 ORLANDO AVENUE, SUITE 150-9
WINTER PARK FL 32789

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

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME GARBER, LAMONT
STREET ADDRESS 140 ORLANDO AVENUE, SUITE 150-9
CITY ST ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

TEORASE CONTROLLER

4/22/07

727-785-7460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Corporate Phone #