

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000003562</b> 1. Entity Name <b>MAINE BOULEVARD II, L.L.C.</b>	
---	---



Principal Place of Business <b>1947 BLACK LAKE BOULEVARD WINTER GARDEN FL 34787 US</b>	Mailing Address <b>1947 BLACK LAKE BOULEVARD WINTER GARDEN FL 34787 US</b>
---	---

2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
---	---

1st MOORE      CR2E083 (10/06)

City & State  Zip      Country	City & State  Zip      Country	4. FEI Number <b>41-2047521</b>	Applied For <input type="checkbox"/> Not Applicable
--------------------------------------	--------------------------------------	------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  <b>LYONS, DOUGLAS 325 N. CALHOUN ST. TALLAHASSEE FL 32301</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete <b>HAWTHORNE, CHARLES E JR</b> <b>1557 CRISTOBAL DR.</b> <b>TALLAHASSEE FL 32303</b>
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete <b>HAWTHORNE, CHARLES E</b> <b>PO BOX 289</b> <b>WINDERMERE FL 34786</b>
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete <b>CGL INVESTMENTS, LLC</b> <b>1947 BLACK LAKE BOULEVARD</b> <b>WINTER GARDEN FL 34787</b>
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete <b>CHESNUT, BERT</b> <b>1947 BLACK LAKE BOULEVARD</b> <b>WINTER GARDEN FL 34787</b>
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold;">                     U00000602641                      01/26/07-80099-011 50.00                 </div>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<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 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:** *Bert Chesnut*      1/20/07      \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #