

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

**DOCUMENT # L99000003362**



1. Entity Name

MAINE BOULEVARD II, L.L.C.

Principal Place of Business

1947 BLACK LAKE BOULEVARD  
WINTER GARDEN FL 34787  
US

Mailing Address

1947 BLACK LAKE BOULEVARD  
WINTER GARDEN FL 34787  
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

41-2047521

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LYONS, DOUGLAS  
325 N. CALHOUN ST.  
TALLAHASSEE FL 32301

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 title if applicable

(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	MGRM	<input type="checkbox"/> Delete
NAME	HAWTHORNE, CHARLES E JR	
STREET ADDRESS	1557 CRISTOBAL DR.	
CITY-STATE-ZIP	TALLAHASSEE FL 32303	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HAWTHORNE, CHARLES E	
STREET ADDRESS	PO BOX 289	
CITY-STATE-ZIP	WINDERMERE FL 34786	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CGL INVESTMENTS, LLC	
STREET ADDRESS	1947 BLACK LAKE BOULEVARD	
CITY-STATE-ZIP	WINTER GARDEN FL 34787	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CHESNUT, BERT	
STREET ADDRESS	1947 BLACK LAKE BOULEVARD	
CITY-STATE-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

U000000602641  
01/26/07-80099-011 50.00

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 #