

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90332 013 \*\*\*\*50.00

**DOCUMENT # M00000002290**

**1. Entity Name**  
**COMMUNITIES FINANCE COMPANY, LLC**



**Principal Place of Business**  
24301 WALDEN CENTER DR., STE. 300  
BONITA SPRINGS, FL 34134

**Mailing Address**  
24301 WALDEN CENTER DR., STE. 300  
BONITA SPRINGS, FL 34134

60047364



04232007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
65-1062263

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

HASTINGS, VIVIEN N  
24301 WALDEN CENTER DR., STE. 300  
BONITA SPRINGS, FL 34134

**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	MGRM
<b>NAME</b>	BAY COLONY-GATEWAY, INC.
<b>STREET ADDRESS</b>	24301 WALDEN CENTER DRIVE
<b>CITY-ST-ZIP</b>	BONITA SPRINGS, FL 34134
<b>TITLE</b>	MGR
<b>NAME</b>	STARKEY, JERRY L
<b>STREET ADDRESS</b>	24301 WALDEN CENTER DRIVE
<b>CITY-ST-ZIP</b>	BONITA SPRINGS, FL 34134
<b>TITLE</b>	MGR
<b>NAME</b>	DIETZ, JAMES P
<b>STREET ADDRESS</b>	24301 WALDEN CENTER DRIVE
<b>CITY-ST-ZIP</b>	BONITA SPRINGS, FL 34134
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*James P Dietz*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE**

*VP of Managing*  
**Member**

**Date**

**Daytime Phone #**

*4/24/07*  
*239 49 88 544*