


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90513 013 \*\*\*138.75

<b>DOCUMENT # M00000002290</b> 1. Entity Name <b>COMMUNITIES FINANCE COMPANY, LLC</b>					
Principal Place of Business <b>24301 WALDEN CENTER DR., STE. 300 BONITA SPRINGS, FL 34134</b>			Mailing Address <b>24301 WALDEN CENTER DR., STE. 300 BONITA SPRINGS, FL 34134</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1062263</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HASTINGS, VIVIEN N 24301 WALDEN CENTER DR., STE. 300 BONITA SPRINGS, FL 34134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BAY COLONY-GATEWAY, INC. 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR STARKEY, JERRY L 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DIETZ, JAMES P 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR/PII Ernest Scheidemann 24301 Walden Center Dr. Bonita Springs FL 34134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS James D. Cullen 24301 Walden Center Dr. Bonita Springs FL 34134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Vivien N. Hastings 24301 Walden Center Dr. Bonita Springs FL 34134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V David L. Fry 24301 Walden Center Dr. Bonita Springs FL 34134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u><i>James D. Cullen</i></u> <u><i>James D. Cullen</i></u> <u><i>VAS 4-30-08</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

ATTACHMENT  
60043782

**Additional Officers – COMMUNITIES FINANCE COMPANY, LLC**

**Document # M00000002290**

**2008 For Profit Corporation**

**Annual Report**

10. Officers and Directors	
Title: VAS Name: PAUL ANGELO Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134	Title: Name: Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134
Title: V Name: R. MICHAEL CURTIN Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134	Title: Name: Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134
Title: V Name: EDWARD D'ALESSANDRO Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134	Title: Name: Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134
Title: V Name: CHRISTINE M. GREEN Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134	Title: Name: Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134
Title: V Name: ALBERT F. MOSCATO, JR. Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134	Title: Name: Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134
Title: V Name: NICOLE SWARTZ Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134	Title: Name: Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134
Title: V Name: STEVEN B. WILSON Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134	Title: Name: Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134
Title: V Name: JONATHAN PERTCHIK Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134	Title: Name: Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134
Title: V Name: TIMOTHY OAK Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134	Title: Name: Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134
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