

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 06, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90015 041 \*\*\*143.75

<b>DOCUMENT # L06000082699</b> 1. Entity Name <b>LAKE UNDERHILL PROPERTIES MANAGEMENT, LLC</b>																																																																													
Principal Place of Business <b>800 N. INTERLACHEN AVENUE WINTER PARK, FL 32789</b>			Mailing Address <b>P.O. BOX 508 WINTER PARK, FL 32790</b>																																																																										
2. Principal Place of Business - No P.O. Box # <b>400 N. NEW YORK AVE.</b>			3. Mailing Address <b>SAME</b>																																																																										
Suite, Apt. #, etc. <b>SUITE 108</b>			Suite, Apt. #, etc. 																																																																										
City & State <b>WINTER PARK, FL</b>			City & State 																																																																										
Zip <b>32789</b>		Country <b>USA</b>		Zip 																																																																									
Country 		Country 		04142008 Chg-LLC CR2E083 (12/06)																																																																									
4. FEI Number <b>20-5421485</b> <b>APPLIED FOR</b>				Applied For Not Applicable																																																																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required																																																																													
6. Name and Address of Current Registered Agent <b>SEYBOLD, NICOLE HIERS 800 N. INTERLACHEN AVENUE WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent Name: <b>SEYBOLD, NICOLE HIERS</b> Street Address (P.O. Box Number is Not Applicable) <b>400 N. NEW YORK AVE., SUITE 108</b> City <b>WINTER PARK</b> FL <b>32789</b>																																																																										
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 <i>N Seybold</i> Signature, typed or printed name of Registered Agent and title if applicable.			<b>Nicole Hiers Seybold</b> (NOTE: Registered Agent's signature required when reappointing)																																																																										
DATE <b>04-14-08</b> 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>																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SEYBOLD, NICOLE HIERS</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 508</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER PARK, FL 32790</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SEYBOLD, NICOLE HIERS		NAME			STREET ADDRESS	P.O. BOX 508		STREET ADDRESS			CITY-ST-ZIP	WINTER PARK, FL 32790		CITY-ST-ZIP																																												
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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: <i>N Seybold</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			<b>Nicole Hiers Seybold</b> Date <b>04-14-08</b> Daytime Phone # <b>407-294-1000</b>																																																																										