

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000005984

1. Entity Name
THE LAKELAND PALM GROUP, LLC



Principal Place of Business
**1905 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803**

Mailing Address
**1905 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803**



02222006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3604404

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHRITTON, CHARLES P
C/O WENDEL, CHRITTON, PARKS & DEBARI
5300 SOUTH FLORIDA AVENUE
LAKELAND, FL 33813**

**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, 2008**

1100000446461
03/08/06-80015-017 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAGNER, ROBERT W 5808 LAKE BREEZE AVENUE LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SGJ AVIATION, INC. 1905 SOUTH FLORIDA AVENUE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASWELL, JOHN F 510 GOLDENROD COURT LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *R. Guerry Jones* **R. GUERRY JONES** **2/22/2006 863-682-5151**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #