

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004064

Entity Name: LAKE LEASING LLC

FILED  
Jan 13, 2007  
Secretary of State

**Current Principal Place of Business:**

19926 NORTHEAST 36TH PLACE  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 80-0519  
AVENTURA, FL 332800519

**New Mailing Address:**

FEI Number: 65-0999554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIPPMAN, STEVEN N  
100 NORTHEAST THIRD AVE.  
SUITE 610  
FT. LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROTH, STEVEN  
Address: 18 CROSS GATES  
City-St-Zip: SHORT HILLS, NJ 07878

Title: MGR ( ) Delete  
Name: PLIMACK, ROBERT  
Address: 345 EAST 86TH ST. APT 6B  
City-St-Zip: NEW YORK, NY

Title: MGR ( ) Delete  
Name: BROWN, SCOTT N  
Address: 19926 NE 36 PL  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT N BROWN

MGR

01/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date