

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124365

Entity Name: LAKE CHARM PROPERTIES, LLC**Current Principal Place of Business:**110 EAST BROADWAY AVENUE, SUITE A
OVIEDO, FL 32765**Current Mailing Address:**PO BOX 620460
OVIEDO, FL 32762 US**FEI Number:** 59-6060269**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EVANS, CHARLES W
110 E BROADWAY AVE STE A
OVIEDO, FL 32765 US*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**Authorized Person(s) Detail :**

| | |
|-----------------|--------------------------------------|
| Title | MGR |
| Name | EVANS GROVES, INC. |
| Address | 110 EAST BROADWAY AVENUE, SUITE A |
| City-State-Zip: | OVIEDO FL 32765 |

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|-----------------|------------------|
| Title | PD |
| Name | EVANS, CHARLES W |
| Address | 110 E BROADWAY |
| City-State-Zip: | OVIEDO FL 32765 |

| | |
|-----------------|-----------------|
| Title | VPD |
| Name | EVANS, DAVID L |
| Address | 110 E BROADWAY |
| City-State-Zip: | OVIEDO FL 32765 |

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|-----------------|-----------------|
| Title | VPD |
| Name | EVANS, JOHN WJR |
| Address | 110 E BROADWAY |
| City-State-Zip: | OVIEDO FL 32765 |

| | |
|-----------------|-----------------|
| Title | STD |
| Name | EVANS, ARTHUR F |
| Address | 110 E BROADWAY |
| City-State-Zip: | OVIEDO FL 32765 |

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES W EVANS**PRES****04/15/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date