


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F50110</b> 1. Entity Name <b>LAKES MANAGEMENT CORP.</b>	
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<b>Principal Place of Business</b> 2005 W CYPRESS CREEK RD SUITE 202 FT LAUDERDALE, FL 33309 US	<b>Mailing Address</b> 2005 W CYPRESS CREEK RD SUITE 202 FT LAUDERDALE, FL 33309 US
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03202006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0479057</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

BUTTERS, SAMUEL  
7754 LA CORNICHE CIR  
BOCA RATON, FL 33433

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTTERS, SAMUEL 7754 LA CORNICHE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BUTTERS, NATHAN 2764 NW 28TH ST BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000499568  
04/24/06-80036-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** M Butters  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06 954-771-5056  
Date Daytime Phone #