2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2006
Secretary of State

DOCUMENT# L00000004064

Entity Name: LAKE LEASING LLC

Current Principal Place of Business:

19926 NORTHEAST 36TH PLACE
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

19926 NORTHEAST 36TH PLACE
AVENTURA, FL 33180

New Mailing Address:

POST OFFICE BOX 80-0519
AVENTURA, FL 332800519

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 BROWN, MANAGER MGR 02/05/2006

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