2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L00000011651

LAKÉ AERATION, L.L.C.

Jul 18, 2005 08:00 AM
Secretary of State

FILED

Principal Place of Business

538 RIVIERA DRIVE

Mailing Address 538 RIVIERA DRIVE NAPLES, FL 34103

NAPLES, FL 34103



DO NOT WRITE IN THIS SPACE

07142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3673322 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

GROSECLOSE, RICHARD F

538 RIVIERA DRIVE NAPLES, FL 34103

| DO | TON | 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.

6. Name and Address of Current Registered Agent

(NOTE, Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by September 7, 2005

| 9. | MANAGING MEMBERS/MANAGERS |
|---------------------------------------|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES GROSECLOSE, RICHARD F 538 RIVIERA DR NAPLES, FL 34103 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GROSECLOSE, KATE 538 RIVIERA DRIVE NAPLES, FL 34103 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

1/00000373415 07/18/05-80014-018 55.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

URE:
SIGNATURE AND TYPED OF PRINTED FOLIS OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE