

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90003 025 \*\*\*138.75

<b>DOCUMENT # L01000002765</b> 1. Entity Name INDIAN LAKE APARTMENTS PHASE II, L.L.C.																											
Principal Place of Business 4060 DANCING CLOUD COURT DESTIN, FL 32541		Mailing Address 1234 AIRPORT RD STE 118 DESTIN, FL 32541 US																									
2. Principal Place of Business - No P.O. Box # 4060 DANCING CLOUD CT Suite, Apt. #, etc. #311		3. Mailing Address 981 Hwy 90 E Suite, Apt. #, etc. Suite 3-419																									
City & State DESTIN FL		City & State DESTIN FL																									
Zip 32541	Country	Zip 32541	Country																								
6. Name and Address of Current Registered Agent  KELLY, LOWELL B 1234 AIRPORT RD STE 118 DESTIN, FL 32541		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 53 BANNORMAN Beach LANE City SANTA ROSA Beach FL Zip Code 32459																									
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: <i>Lowell B. Kelly</i> (NOTE: Registered Agent signature required when reinstating) DATE:																											
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">MGR</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KELLY, LOWELL B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1234 AIRPORT RD STE 118</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DESTIN, FL 32541</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	KELLY, LOWELL B		STREET ADDRESS	1234 AIRPORT RD STE 118		CITY-ST-ZIP	DESTIN, FL 32541		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">53 BANNORMAN Beach LANE</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SANTA ROSA Beach FL 32459</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	53 BANNORMAN Beach LANE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SANTA ROSA Beach FL 32459		STREET ADDRESS			CITY-ST-ZIP		
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11. 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 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																											
SIGNATURE: <i>Lowell B. Kelly</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																											
Date		Daytime Phone #																									