## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L01000002765  1. Entity Name INDIAN LAKE APARTMENTS PHASE II, L.L.C.					90003 025 ***	138.75
Principal Place of Business	Mailing Address			01110		
4060 DANCING CLOUD COURT	1234 AIRPORT RD					
DESTIN, FL 32541	STE 118					
		US				
						<b>                 </b>
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4650 DANCING CLOUD CT 981 HWY 98 E						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-419	04162008	Chg-LLC	CR2E083 (12/	06)
DESTIN FL	DESTIN	F1	4. FEI Numl		_	Applied For Not Applicable
32541 Country	32541	Country		e of Status Desired	□ \$5.00	Additional
6. Name and Address of Current			7. Name an	d Address of New R		
	70-5	Name				
KELLY, LOWELL B						_
			Address (RO. Box Number is Not Acceptable)  3			
STE 118			<u> </u>	K_1//4/0 2	Jea.OC)	37770
DESTIN, FE 32541						
		CityS	NA ROSA	Reach	. FL [광	Code To
1					3	<del>~ 703 7</del>
8. The above named entity comits this statement for	r the purpose of changing its	registered office or	registered agent, or b	oth, in the State of Flo	rida I am familiar :	with and accent
The above named entity admits this statement for the obligations of registered agent.	r the purpose of changing its	registered office or	registered agent, or b	oth, in the State of Flo	orida. I am familiar	with, and accept
the obligations of registered agent.	r the purpose of changing its	registered office or	registered agent, or b	oth, in the State of Flo	orida. I am familiar	with, and accept
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the obligations of registered agent.  SIGNATURE	Kelly			oth, in the State of Flo		with, and accept
signature: speed or printed name of representations.	and trie if applicable (NOTE					
the obligations of registered agent.  SIGNATURE  Signature, tyded or printed name of registered agent a	and trie if applicable (NOTE			Mak	DATE	to
SIGNATURE  Signature: speed or printed name of representations of repr	And trile if applicable (NOTE	. Registered Agent signati		Mak Florida	DATE e check payable Department of	to
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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.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:
SIGNATURE AND TYPED OR PR

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

ER, OR AUTHORIZED REPRESENTATIVE

Delete

Date

Dayame Phone #

☐ Change

☐ Addition