2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000004696

1. Entity Name BORDERLAKE, L.L.C.



Principal Place of Business

7282 55TH AVE E

SUITE 191 BRADENTON, FL 34203 Mailing Address

7282 55TH AVE E SUITE 191

BRADENTON, FL 34203

FILED Apr 19, 2007 8:00 am Secretary of State

04-19-2007 90034 027 ****50.00

10010---



04102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3708045

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, ROBERT J 7282 565TH AVE E SUITE 191 BRADENTON, FL 34203

DO NOT WRITE IN THIS SPACE

BRADENTON, FL 34203		IN THIS SEA	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. (NO	TE Registered Agent signature required when reinstating)	DATE	
. Fi	ling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, ROBERT J 7282 55TH AVE E, SUITE 191 BRADENTON, FL 34203			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WE	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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 fiability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

REGNATURE AND TYPET OR PRINTED NAME OF RIGHING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

r×.

1-13-07

GUL 650-180"

Daytime Phone #