


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90036 019 \*\*\*\*50.00

DOCUMENT # L02000004591 1. Entity Name LAKE NONA REALTY, LLC	
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Principal Place of Business 9801 LAKE NONA ROAD ORLANDO, FL 32827	Mailing Address 9801 LAKE NONA RD ORLANDO, FL 32807
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60040232



**DO NOT WRITE IN THIS SPACE**

04162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-2117458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.  
420 SOUTH ORANGE AVE.  
SUITE 1200  
ORLANDO, FL 32801-4904

**DO NOT 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.

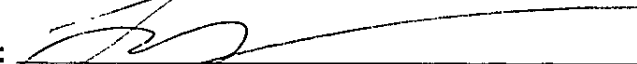
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAKE NONA PROPERTY HOLDINGS, LLC 9801 LAKE NONA RD ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V EMRICK, JOHANNA 9801 LAKE NONA ROAD ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FERGUSON, LOWELL 9801 LK NONA RD ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_