

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90029 002 \*\*\*138.75

**60037249**



01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number **02-0628302** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DOCUMENT # L02000015059**

1. Entity Name  
**LAKE HARRIS RESORT, L.L.C.**



Principal Place of Business  
**8302 LAUREL FAIR CIRCLE, STE. 100  
TAMPA, FL 33610**

Mailing Address  
**8302 LAUREL FAIR CIRCLE, STE. 100  
TAMPA, FL 33610**

2. Principal Place of Business - No P.O. Box #  
**29115 Eichelberger Rd**

3. Mailing Address  
**12570 Telecom Drive**

Suite, Apt. #, etc.

City & State  
**TAVARES FL**

City & State  
**TEMPLE TERRACE FL**

Zip  
**32778**

Country  
**US**

Zip  
**33637**

Country  
**US**

6. Name and Address of Current Registered Agent

**COMER, GORDON  
8302 LAUREL FAIR CIRCLE, STE. 100  
TAMPA, FL 33610**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COMER, GORDON 8302 LAUREL FAIR CIR #100 TAMPA, FL 33610</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>12570 Telecom Drive Temple Terrace FL 33637</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Gordon Comer, Manager **4/28/09**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #