


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000017431 1. Entity Name LAKE AKRON PROPERTIES, LLC	
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Principal Place of Business 7944 S. LAKE DRIVE LAKE CLARKE SHORES, FL 33406	Mailing Address 7944 S. LAKE DRIVE LAKE CLARKE SHORES, FL 33406
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04222005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
52-2365856

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BOHAN, KATHLEEN 7944 S. LAKE DRIVE LAKE CLARKE SHORE, FL 33406

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOHAN, ANNA KATHLEEN 7944 S LAKE DR LAKE CLARKE SHORE, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOHAN, ROBERT 7944 S LAKE DR LAKE CLARKE SHORE, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRAUSS, DUNCAN 1199 BOISE WAY COSTA MESA, CA 92626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGAIR, COLLEEN 1199 BOISE WAY COSTA MESA, CA 92626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/25/05-80070-001 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/21/05 562-832-6397