

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000017431

1. Entity Name
LAKE AKRON PROPERTIES, LLC



Principal Place of Business
**7944 S. LAKE DRIVE
LAKE CLARKE SHORES, FL 33406**

Mailing Address
**7944 S. LAKE DRIVE
LAKE CLARKE SHORES, FL 33406**



03182006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2365856

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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 reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

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

000000480756
04/11/06-80004-014 50.00

**DO NOT WRITE
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 606, Florida Statutes.

SIGNATURE:

Anna Bohan

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

3/21/06 561-582-2624

Date

Daytime Phone #