

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017431

FILED
Apr 04, 2009
Secretary of State

Entity Name: LAKE AKRON PROPERTIES, LLC

Current Principal Place of Business:

7944 S. LAKE DRIVE
LAKE CLARKE SHORES, FL 33406

New Principal Place of Business:

Current Mailing Address:

7944 S. LAKE DRIVE
LAKE CLARKE SHORES, FL 33406

New Mailing Address:

FEI Number: 52-2365856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOHAN, KATHLEEN
7944 S. LAKE DRIVE
LAKE CLARKE SHORE, FL 33406 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOHAN, ANNA KATHLEEN
Address: 7944 S LAKE DR
City-St-Zip: LAKE CLARKE SHORE, FL 33406

Title: MGRM () Delete
Name: BOHAN, ROBERT
Address: 7944 S LAKE DR
City-St-Zip: LAKE CLARKE SHORE, FL 33406

Title: MGRM () Delete
Name: STRAUSS, DUNCAN
Address: 1199 BOISE WAY
City-St-Zip: COSTA MESA, CA 92626

Title: MGRM () Delete
Name: MCGAIR, COLLEEN
Address: 1199 BOISE WAY
City-St-Zip: COSTA MESA, CA 92626

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: STRAUSS, DUNCAN
Address: 16785 123RD TERRACE N
City-St-Zip: JUPITER, FL 33478

Title: MGRM (X) Change () Addition
Name: MCGARR, COLLEEN
Address: 16785 123RD TERRACE N
City-St-Zip: JUPITER, FL 33478

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHY BOHAN

MGR

04/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date