## 2006 LIMITED LIABILITY COMPANY - 'ANNUAL REPORT

## **Secretary of State DOCUMENT # L02000023737** 01-24-2006 90041 008 \*\*\*\*50.00 1. Entity Name THE LANDINGS AT LAKE GEORGE, LLC Principal Place of Business Mailing Address ~~~~~ 1<del>615-EAST-WOODWARD STREET, SUITE</del> A 1615 EAST WOODWARD STREET, SUITE A ORLANDO FL 32803 ROAD, 57E 104 2165 EE PARK, FL 3288 ORLANDO EL 32803 2265 LEE ROAD, STE 205 WINTER PARK, FL 3276 CR2E083 (11/05) 01122006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0756756 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERNANDEZ, RAMON S DO NOT WRITE 1645 EAST WOODWARD STREET, SUITE A ORLANDO, FL 32803 ROAD, STE 205 2265 LAE ROAD, STE 205 WINTER PARK, FL 32789 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) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM HERNANDEZ, RAMON S NAME 2265 LAG RO. STREET ADDRESS 1615 E. WOODWARD ST, SUITE A CITY-ST-ZIP ORLANDO, FL 32803 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI F NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 SIGN

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

GNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

- 1-17-06

FILED Jan 24, 2006 8:00 am

Daytime Phone I