


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90061 050 ****50.00

DOCUMENT # L02000023737	
1. Entity Name THE LANDINGS AT LAKE GEORGE, LLC	

Principal Place of Business 2205 LEE RD SUITE 205 WINTER PARK, FL 32789	Mailing Address 2205 LEE RD SUITE 205 WINTER PARK, FL 32789
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60003901

2. Principal Place of Business - No P.O. Box # 9102 SHADOWBROOK TR	3. Mailing Address 9102 SHADOWBROOK TR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32825	Country ORANGE
Zip 32825	Country ORANGE



01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number 01-0756756		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent HERNANDEZ, RAMON S 2205 LEE RD 9102 SHADOWBROOK TR. SUITE 205 WINTER PARK, FL 32789 ORLANDO, FL 32825		
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

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, RAMON S 2205 LEE RD SUITE 205 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	9102 SHADOWBROOK TR. ORLANDO, FL 32825 <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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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:

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

Date

Daytime Phone #

R. X. Hernandez

1-9-07