

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000023996

1. Entity Name

LAKES AT BROOKHAVEN DEVELOPMENT, LLC



FILED Apr 21, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1645 PALM BEACH LAKES BLVD., SUITE 1200 WEST PALM BEACH, FL 33401 1645 PALM BEACH LAKES BLVD., SUITE 1200 WEST PALM BEACH, FL 33401



02192008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	
	13-42141	79

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

LIOCE, DOMENICK R 1645 PALM BEACH LAKES BLVD., SUITE 1200 WEST PALM BEACH, FL 33401

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	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.
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(NOTE: Registered Agent algorithms required when reinstating)

FILE NOWI!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000910772 ns/07/08-80013-023 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	LIOCE, DOMENICK R	
STREET ADDRESS	1645 PB LAKES BLVD, SUITE 1200	, , , , , , , , , , , , , , , , , , , ,
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	,
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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 trusted empowered to execute his part as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #