


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000026435		
1. Entity Name LAKELAND HOMES, LLC		
Principal Place of Business 3450 WEST 84 STREET SUITE 201 HIALEAH, FL 33018 US	Mailing Address 3450 WEST 84 STREET SUITE 201 HIALEAH, FL 33018 US	



02082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0501940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GRAVERAN, NELSON
3450 WEST 84 STREET
SUITE 201
HIALEAH, FL 33018**

**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 reinstating) DATE

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

U000000831102
02/27/08-80003-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAVERAN, NELSON 3450 WEST 84 STREET SUITE 201 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAVERAN, I. CHRISTINA 3450 WEST 84 STREET SUITE 201 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAVERAN, JEANNIE 3450 WEST 84 STREET SUITE 201 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 608, Florida Statutes.

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

2/15/08
Date

305-557-1253
Daytime Phone #