2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED May 16, 2007 8:00 am Secretary of State 05-16-2007 90176 004 ****50.00

DOCUMENT # L0300006286 1. Entity Name LAKE ROUSSEAU RV PARK AND FISHING RESORT, LLC							40	05-16-200	/ 901 /6	004	30.00	
Principal Place	of Busines	s		Mailing Address		·						
155 BACOM POINT ROAD PAHOKEE, FL 33476				155 BACOM POINT ROAD PAHOKEE, FL 33476							ira a lari	
Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				P.O. Box 519 Suite, Apt. #, etc.			02192007	_				
City & State				City & State Pah. Kee F			4. FEI Numb			Ар	pplied For	
Zip	Zip Country,			Zip Country		56-2327429 Not Applicable 5. Certificate of Status Desired \$5.00 Additional						
	6. Name	and Address	of Current R	354-76 Registered Agent	us	<u>-13</u>	7. Name and	Address of New R	egistered .	Fee Required Agent		
		, w.				Name						
NOWICKI, MARK J 480 MAPLEWOOD DRIVE				Street Address			s (P.O. Box Numb	er is Not Acceptable	e)			
SUITE 2 JUPITER,	FL 33458	3-5845			ı							
		• ;	•			City			FL	Zip Code	е	
		ty submits this tered agent.	statement for	the purpose of changing	its register	red office or regist	tered agent, or bo	th, in the State of Flo	orida. I am	familiar with,	and accept	
	ions or regis	tereu agent.										
SIGNATURE .	Signature, typed	d or printed name of	registerediagent an	nd title if applicable. (N	OTE: Registere	ed Agent signature requi	ired when reinstating)		DATE			
	,											
			17.3	i				Real		ascable to		
		is \$50.00 y 1, 2007								payable to sent of State	9	
		y 1, 2007	ING MEMBER	RS/MANAGERS	10.				Departn	ent of State	Đ	
9.	MGR	y 1, 2007 MANAG		RS/MANAGERS	TITL	LE		Florida	Departn	ent of State	Addition	
9. TITLE NAME	MGR HATTON	y 1, 2007)N		TITL NAM	LE ME		Florida	Departn	ent of State		
9.	MGR HATTON 155 BAC	y 1, 2007 MANAG	N ROAD		TITL NAM STR	LE		Florida	Departn	ent of State		
9. TITLE NAME STREET ADDRESS	MGR HATTON 155 BAC	y 1, 2007 MANAG , JO BRITTO OM POINT R	N ROAD		TITL NAM STR	LE ME REET ADDRESS Y-ST-ZIP		Florida	Departn	ent of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR HATTON 155 BAC	y 1, 2007 MANAG , JO BRITTO OM POINT R	N ROAD	☐ Delete	TITL NAM SIR CIT TITL NAM	LE ME LEET ADDRESS V-ST-ZIP LE ME		Florida	Departn	Change	☐ Addition	
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PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

561-924-5651 Daytime Phone *