2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000015893

1. Entity Name

STREET ADDRESS CITY-ST-ZIP

LAKELAND HOLDING COMPANY, LLC



Principal Place of Business

2851 REMINGTON GREEN CIRCLE, SUITE A TALLAHASSEE, FL 32308

Mailing Address

2851 REMINGTON GREEN CIRCLE, SUITE A TALLAHASSEE, FL 32308

FILED

07 MAR 20 AM 9: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA



01102007 No Chg-LLC

CR2E083 (11/05)

Fee Required

4. FEI Number			Applied For
58-267067	<u>7</u> 5		Not Applicable
5. Certificate of S	tatus Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301

DO	NOT	WRITE
IN	THIS	SPACE

	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 ne obligations of registered agent.						
SIG	NATURE						
	Signature, typed or printed name of registered agent and tide it applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE				
	Filing Fee is \$50.00 Due by May 1, 2007						
9.	MANAGING MEMBERS/MANAGERS						

ı	9.	MANAGING MEMBERS/MANAGERS		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MITCHELL, JOSEPH D 2851 REMINGTON GN CIR #A TALLAHASSEE, FL 32308		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARMER, C. G 2851 REMINGTON GN CIR #A TALLAHASSEE, FL 32308		
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	, TITLE NAME			

500095247245 03/29/07--01052--001 **50.00

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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: AMORE C. G. FARMER FELLY 2/26/07 850-386-2522

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DBS DESIGNED PHONE &

DESCRIPTION OF THE PROPERTY OF THE