
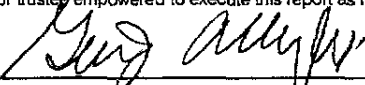


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000018036 1. Entity Name LAKE WEIR INN, LLC		
Principal Place of Business 12281 SE 134TH CT OCKLAWAHA, FL 32179		Mailing Address PO BOX 725 OCKLAWAHA, FL 32183
DO NOT WRITE IN THIS SPACE		 04132005No Chg-LLC CR2E083 (10/03)
		4. FEI Number 32-0077338 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 ALBRIGHT, GEORGE JR 13489 SOUTH HWY. C25 OCKLAWAHA, FL 32183		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		 U00000312404 04/18/05-80083-008 50.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBRIGHT, GEORGE JR 12281 SE 134TH CT. OCKLAWAHA, FL 32179	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4/15/05</u> Daytime Phone # <u>352-288-3000</u>