

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 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**



04242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0077338

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ALBRIGHT, GEORGE JR
12281 SE 134TH CT.
OCKLAWAHA, FL 32179**

TITLE
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CITY-ST-ZIP

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U00000735315
05/10/07-80029-002 50.00

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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 606, Florida Statutes.

SIGNATURE: _____

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

4/24/07

Date

352-288-3000

Daytime Phone #