


**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  
 OCKALWAHA, FL 32183

**DO NOT WRITE IN THIS SPACE**



04242007 No Chg-LLC CR2E083 (11/05)

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reselecting) 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
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 05/10/07-80029-002 50.00

**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:** *George Albright* **4/24/07** **352-288-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #