2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2005
Secretary of State

DOCUMENT# L03000020291

Entity Name: LAKE NANCY, LLC

Current Principal Place of Business:

12408 SW SHERI AVE
LAKE SUZY, FL 34269

New Principal Place of Business:

12135 SW EGRET CIRCLE
LAKE SUZY, FL 34269

Current Mailing Address:

12408 SW SHERI AVE
LAKE SUZY, FL 34269

New Mailing Address:

12135 SW EGRET CIRCLE
LAKE SUZY, FL 34269

FEI Number: 20-0033702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHEPARD, DAVID W
12408 SW SHERI AVE
LAKE SUZY, FL 34269 US

Name and Address of New Registered Agent:

SHEPARD, DAVID W
12135 SW EGRET CIRCLE
LAKE SUZY, FL 34269 US

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.

SIGNATURE: _____ 07/03/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SHEPARD, BEN
Address: 12375 SW AUSTIN AVE
City-St-Zip: LAKE SUZY,, FL 34269 US

Title: MGRM ( ) Delete
Name: SHEPARD, HARRIETT C
Address: 12375 SW AUSTIN AVE
City-St-Zip: LAKE SUZY, FL 34269 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID W SHEPARD RA 07/03/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date