


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000023943</b> 1. Entity Name REGIONAL DEVELOPMENT/LAKE JEAN, LLC	
---	---

Principal Place of Business 11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832	Mailing Address 11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832
---	---



01042005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 72-1566271	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  RUSSELL, DOUGLAS R 11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832
---

**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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSELL, DOUGLAS A 11507 NORTH SHORE GOLF CLUB BLVD ORLANDO, FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOKER, DOUGLAS P 11507 NORTH SHORE GOLF CLUB BLVD ORLANDO, FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SECRIST, III, ROBERT L 11507 NORTH SHORE GOLF CLUB BLVD ORLANDO, FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOKER, MARCUS P 11507 NORTH SHORE GOLF CLUB BLVD ORLANDO, FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000276431  
03/25/05-80043-010 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**  **DOUGLAS R. RUSSELL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**1/6/05** **407-243-9861**  
Date Daytime Phone #