



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90073 034 \*\*\*138.75

<b>DOCUMENT # L03000028234</b> 1. Entity Name <b>EAST FORK LAKE PROPERTY LLC</b>					
Principal Place of Business <b>6530 WEST ROGERS CIRCLE, SUITE 31</b> <b>C/O LEDER ENTERPRISES #2</b> <b>BOCA RATON, FL 33487</b>			Mailing Address <b>6530 WEST ROGERS CIRCLE, SUITE 31</b> <b>C/O LEDER ENTERPRISES #2</b> <b>BOCA RATON, FL 33487</b>		
2. Principal Place of Business - No P.O. Box # <b>4755 Technology Way Ste. 202</b> <b>Boca Raton, FL 33431-3338</b>		3. Mailing Address <b>4755 Technology Way Ste. 202</b> <b>Boca Raton, FL 33431-3338</b>			
Zip <b>33431</b>		Country <b>FL</b>		4. FEI Number <b>03-0525702</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>THERREL BAISDEN, P.A.</b> <b>ONE S.E. THIRD AVENUE, SUITE 2400</b> <b>MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>LEDER GROUP #2 INC.</b> <b>6530 W. ROGERS CIRCLE #31</b> <b>BOCA RATON, FL 33487</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4755 Technology Way Ste. 202</b> <b>Boca Raton, FL 33431-3338</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Sean Leder</i> <b>2/18/08</b>			<b>561-995-7878</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		