2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000043978

1. Entity Name LAK INVESTMENTS, LLC



FILED Jan 20, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1355 SW APERSON WAY KEYSTONE HEIGHTS, FL 32656 1355 SW APERSON WAY KEYSTONE HEIGHTS, FL 32656



01032006No Chg-LLC

CR2E083 (11/05)

20-0309583	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional	

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

GEIGER, DAVID 1355 SW APERSON WAY KEYSTONE HEIGHTS, FL 32656

STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char tions of registered agent	nging its registered office or registered agent, or bot	$h_{\rm c}$ in the State of Florida. I am familiar with, and accept
SIGNATURE_			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent argneture required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBERS/MANAGERS	<u></u>	
TITLE	MGRM		
NAME	GEIGER, JODI	ł	
STREET ADDRESS	1355 SW APERSON WAY	<u> </u>	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656		U0000 039 3383 01/25/06-80019-005 50 on

MGRM TITLE GEIGER, DAVID NAME STREET ADDRESS 1355 SW APERSON WAY CRY-St-ZP KEYSTONE HEIGHTS, FL 32656 TITLE NAME STREET ADDRESS CITY-5T-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

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

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