


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90428 032 ****50.00

DOCUMENT # L03000054617	
1. Entity Name LAKE BALATON, LLC	

Principal Place of Business 566 OLD OAK CIRCLE PALM HARBOR FL 34683	Mailing Address 566 OLD OAK CIRCLE PALM HARBOR FL 34683
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2. Principal Place of Business P.O. BOX 7072	3. Mailing Address P.O. BOX 7072
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State SEMINOLE FL	City & State SEMINOLE, FL
Zip 33775	Zip 33775
Country	Country

4. FEI Number 20-0499274	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COLEMAN, C. RANDOLPH 9250 BAYMEADOWS ROAD, SUITE 450 JACKSONVILLE FL 32256	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOGDAN, JANOS 566 OLD OAK CIRCLE PALM HARBOR FL 34683 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOGDAN, ROZSI 566 OLD OAK CIRCLE PALM HARBOR FL 34683 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOGDAN, AKOS 566 OLD OAK CIRCLE PALM HARBOR FL 34683 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOGDAN, JANOS P.O. BOX 7072 SEMINOLE, FL 33775 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOGDAN, ROZSI P.O. BOX 7072, SEMINOLE, FL 33775 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:  **JANOS BOGDAN** **2/13/06** **727 452 5263**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #