

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 25, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90108 024 \*\*\*\*50.00

4/2

**DOCUMENT # L04000000951**

1. Entity Name  
**LAKE ORLEANS, LLC**



Principal Place of Business  
**1355 WEST 44 PLACE, SUITE 100  
HIALEAH, FL 33012**

Mailing Address  
**1355 WEST 44 PLACE, SUITE 100  
HIALEAH, FL 33012**



01032007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**30-0222410**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SMITH, GARY V ESQ.  
1230 NW 7 STREET  
MIAMI, FL 33125**

**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 reappointing)

DATE

**4/17/07**

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
LEVY, SAMUEL  
1355 WEST 44 PLACE, SUITE 100  
HIALEAH, FL 33012**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
LEVY, NINA  
1355 WEST 44 PLACE, SUITE 100  
HIALEAH, FL 33012**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 606, Florida Statutes.

**SIGNATURE:**

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

**SAM LEVY 4/21/07**

Date

Daytime Phone #

**305-825-1763**

**x104**