

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

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**



01072008 No Chg-LLC

CR2E083 (12/07)

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000829861
02/26/08-80050-002 138.75

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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

1-8-08

305-825-1763 x 104