

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013379

Entity Name: LAKE PARTNERS, LLC

FILED  
Apr 27, 2005  
Secretary of State

**Current Principal Place of Business:**

5110 HARBORAGE DRIVE  
FT. MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

5110 HARBORAGE DRIVE  
FT. MYERS, FL 33908 US

**New Mailing Address:**

FEI Number: 20-0958151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHIAFONE, SALVATORE A  
5110 HARBORAGE DRIVE  
FT. MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SCHIAFONE, SALVATORE A  
Address: 5110 HARBORAGE DRIVE  
City-St-Zip: FT. MYERS, FL 33908 US

Title: MGRM ( ) Delete  
Name: BEMISTER, STEPHEN C  
Address: 10280 VISCONTI CIRCLE  
City-St-Zip: MIROMAR LAKES, FL 33913 FL

Title: MGRM ( ) Delete  
Name: SINGERMAN, LOWELL R  
Address: 10120 VERONA LAKES LANE  
City-St-Zip: MIROMAR LAKES, FL 33913 FL

Title: MGRM ( ) Delete  
Name: LODER, LARRY  
Address: 10210 VISCONTI CIRCLE  
City-St-Zip: MIROMAR LAKES, FL 33913 FL

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SALVATORE A. SCHIAFONE

MGRM

04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date