# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 12, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L04000013379

1. Entity Name
LAKE PARTNERS, LLC

Principal Place of Business
5110 HARBORAGE DRIVE
FT. MYERS, FL 33908 US

Mailing Address
5110 HARBORAGE DRIVE
FT. MYERS, FL 33908 US

DO NOT WRITE IN THIS SPACE

04092006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0958151

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2006**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | SCHIAFONE, SALVATORE A |
| STREET ADDRESS | 5110 HARBORAGE DRIVE |
| CITY-ST-ZIP | FT. MYERS, FL 33908 |
| TITLE | MGRM |
| NAME | BEMISTER, STEPHEN C |
| STREET ADDRESS | 10260 VISCONTI CIRCLE |
| CITY-ST-ZIP | MIROMAR LAKES, FL 33913 |
| TITLE | MGRM |
| NAME | SINGERMAN, LOWELL R |
| STREET ADDRESS | 10120 VERONA LAKES LANE |
| CITY-ST-ZIP | MIROMAR LAKES, FL 33913 |
| TITLE | MGRM |
| NAME | LODER, LARRY |
| STREET ADDRESS | 10210 VISCONTI CIRCLE |
| CITY-ST-ZIP | MIROMAR LAKES, FL 33913 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/26/06-80123-019 50.00

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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:** _____ 4-10-06 239-707-1034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #