2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State
01-12-2005 90027 037 ****50.00

DOCUMENT # L04000014511

1. Entity Name
GREAT LAKES HOLDINGS, LLC

Principal Place of Business	Mailing Address
400 NW 2ND ST. OKEECHOBEE, FL 34972	PO BOX 968 OKEECHOBEE, FL 34973

01052005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
410 S.E. 2nd Avenue	410 S.E. 2nd Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okeechobee, FL	City & State: Okeechobee, FL
Zip: 34974 Country: Okeechobee	Zip: 34974 Country: Okeechobee

4. FEI Number 20-0988823 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASSELS, JOHN D JR. 400 NW 2ND ST. OKEECHOBEE, FL 34972	Name: D. Robert Willson Street Address (P.O. Box Number is Not Acceptable): 410 S.E. 2nd Avenue City: Okeechobee FL Zip Code: 34974

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] D. Robert Willson 1/5/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CASSELS, JOHN D JR. 400 NW 2ND ST. OKEECHOBEE, FL 34972	☑ Delete	Managing Member D. Robert Willson 410 S.E. 2nd Avenue Okeechobee, FL 34974	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Member Carl Ferrero 410 S.E. 2nd Avenue Okeechobee, FL 34974	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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] D. Robert Willson 1/5/05 863-763-0999
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #