


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L04000014511	
1. Entity Name GREAT LAKES HOLDINGS, LLC	

Principal Place of Business 410 SOUTHEAST SECOND AVENUE OKEECHOBEE, FL 34974	Mailing Address 410 SOUTHEAST SECOND AVENUE OKEECHOBEE, FL 34974
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-LLC CR2E083 (12/07)

4. FE# Number 20-0988823	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILLSON, D. ROBERT  
410 SOUTHEAST SECOND AVENUE  
OKEECHOBEE, FL 34974

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

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

05/05/08-80001-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLSON, D. ROBERT 410 SOUTHEAST SECOND AVENUE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERRERO, CARL 410 SOUTHEAST SECOND AVENUE OKEECHOBEE, FL 34974
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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: D. Robert Willson 4/14/08 863-763-0599  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #