

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90025 023 ****50.00

DOCUMENT # L04000026691

1. Entity Name
LAKE CARLTON GENERAL PROPERTY, LLC



Principal Place of Business
**731 JAMESTOWN DRIVE
WINTER PARK, FL 32792**

Mailing Address
**731 JAMESTOWN DRIVE
WINTER PARK, FL 32792**

DO NOT WRITE IN THIS SPACE



04072006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0988126

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAHAFFEY, JAMES W
731 JAMESTOWN DRIVE
WINTER PARK, FL 32792**

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MAHAFFEY, JAMES W
731 JAMESTOWN DRIVE
WINTER PARK, FL 32792**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MAHAFFEY, MARK T
~~2700 POMPANO DRIVE SE~~ 100 - 2nd Ave So #302N
~~ST. PETERSBURG, FL 33706~~ St Petersburg, FL 33701**

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

04-10-06

Date

407-677-0650

Daytime Phone #

James W. Mahaffey