


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90159 035 ***138.75

DOCUMENT # L04000028860 1. Entity Name LAKE HOMES HB, LLC					
Principal Place of Business 3696 N. FEDERAL HIGHWAY, SUITE 203 FT. LAUDERDALE, FL 33308			Mailing Address 3696 N. FEDERAL HIGHWAY, SUITE 203 FT. LAUDERDALE, FL 33308		
2. Principal Place of Business - No P.O. Box # 1400 E. Oakland Park Blvd.		3. Mailing Address 1400 E. Oakland Park Blvd.			
Suite, Apt. #, etc. Suite # 103		Suite, Apt. #, etc. Suite # 103			
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL			
Zip 33334		Country U.S.A.		4. FEI Number 81-0648756	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent PIOTRKOWSKI, JOEL S ESQUIRE 317 - 71ST STREET MIAMI BEACH, FL 33141			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARKOFKY, STANLEY 3696 N. FEDERAL HIGHWAY, SUITE 203 FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARKOFKY, STANLEY 1400 EAST OAKLAND PARK BLVD., #103 FORT LAUDERDALE, FL 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/15/08 954-567-5161 <small>Date Daytime Phone #</small>		

Stanley Markofsky, Managing Member