

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000032242

1. Entity Name

SOUTH LAKE ESTATES, L.C.



FILED
Jan 23, 2007 08:00 AM
Secretary of State

Principal Place of Business

2825 BUSINESS CENTER BOULEVARD
WICKHAM BUSINESS PARK, SUITE C-1
MELBOURNE FL 32940

Mailing Address

2825 BUSINESS CENTER BOULEVARD
WICKHAM BUSINESS PARK, SUITE C-1
MELBOURNE FL 32940



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1084157

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMMS, DONALD L
2825 BUSINESS CENTER BOULEVARD
WICKHAM BUSINESS PARK, SUITE C-1
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	SIMMS, DONALD L	
STREET ADDRESS	2825 BUSINESS CENTER BOULEVARD, SUITE C-1	
CITY- ST- ZIP	MELBOURNE FL 32940	
TITLE	MGR	☐ Delete
NAME	BOND, KENNETH L III	
STREET ADDRESS	2825 BUSINESS CENTER BOULEVARD, SUITE C-1	
CITY- ST- ZIP	MELBOURNE FL 32940	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

U000000539811
01/25/07-80041-025-55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-19-07