## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED May 22, 2006 8:00 am Secretary of State 05-22-2006 90207 013 \*\*\*\*50.00

DOCUMENT # L04000036958  1. Entity Name WESTERN LAKE, LLC					05-22-2006 90207 013 ****50.00			
785 WESTER	ce of Business RN LAKE DRIVE BEACH, FL 32459	Mailing Address 1072 REDDINGTON DR AURORA, IL 60504	IVE US		1 (10)	Bil Grif Biğli Gğili Ağlıl G	BIN SDIRE ISIA BINA 19121 BIY	1 131686 H/ 1836
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05042006	Chg-LLC	CR2E083 (11/0	5)
City & State		City & State			4. FEI Num 20-12	ber 15868		Applied For Not Applicable
Zip	Country	Zip	Country			te of Status Desired	\$5.00 A	
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New	Registered Agent	
785 WES1	IUTCHINSON FERN LAKE DRIVE VE BEACH, FL 32459	**************************************	Nam		(P.O. Box Num	ber is Not Acceptab	le)	
		*	City	<del></del>			FL Zip C	ode
8. The above	named entity submits this statement to	or the purpose of changing its	registered offic	e or registe	red agent or b	oth, in the State of E		h and accept
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								
Fil Due I	ling Fee is \$50.00 by September 6, 2006	٠:	•:			Make check payable to Florida Department of State		
9.	MANAGING MEMBE	ERS/MANAGERS	10,			ADDITIONS	/CHANGES	
TITLE	MGRM	☐ Oelete	TITLE	MGF	Σm		Chang	
NAME STREET ADDRESS	LARRY, HUTCHINSON		NAME STREET ADDRE	25 W III	+ H LP   ! -	Larry Hutch	hinson-gene	ral partner
CITY-ST-ZIP	SUNSET, SC 29685		CITY-ST-ZIP	-   III   1	rout Lil Set SC	29685		
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STREET ADDRESS			STREET ADDRE	SS				
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition
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CITY-ST-ZIP			CITY-ST-ZIP					
11. I hereby certify that the information supplied with this time 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 trusted transfers to execute this report as required by Chapter 608. Florida Statutes.								
SIGNATURE: LARN DINGLINSON 5/15/CG								
	SIGNATURE AND TYPED OR PRINTED NAME O			TER BEBEFEE	AIT ATILIE		Davime Phone	