## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000038860

Entity Name

LAKÉ POWELL INVESTORS, LLC

FILED Apr 25, 2007 08:00 Al Secretary of State

Principal Place of Business

2605 THOMAS DRIVE

SUITE 150

PANAMA CITY BEACH, FL 32408

Mailing Address

2605 THOMAS DRIVE

SUITE 150

 $\frac{N(p, k)}{pr_{p_k}}$ 

PANAMA CITY BEACH, FL 32408



04052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 42-1631213 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SPENCER, DAVID 12226 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32407

## DO NOT WRITE IN THIS SPACE

| aldina to | Signature, typed or printed name of registered agent and title if applicable. |                     |                          | ,      | (NOTE: Registered Agent agnature required when reinstating) |              |                  | ., `            |             | ATE      |                     |    |
|-----------|---|---------------------|--------------------------|--------|---|--------------|------------------|-----------------|-------------|----------|---------------------|----|
| SIGNATU   | RF .  |                     |                          |        | : :   | <del>-</del> | 1                |                 |             | ·        |                     |    |
| the ob    | ligations of registered   | d agent.            |                          |        |   |              |                  |                 |             |          |                     |    |
| v. ine at | xove namec entity su  | iomits this stateme | ntior the purpose of cha | außiud | g its registered omce                                       | or regisier  | ed agent, or bot | n, in the state | oi Fiorica. | i am iam | Mai Willi, and acce | Ρı |

Filing Fee Is \$50.00 Due by May 1, 2007

| 9.  | MANAGING MEMBERS/MANAGERS       |  |  |  |  |
|---|---------------------------------|--|--|--|--|
| TITLE   | MGRM                            |  |  |  |  |
| NAME  | SPENCER, DAVID                  |  |  |  |  |
| STREET ADDRESS  | 12226 PANAMA CITY BEACH PARKWAY |  |  |  |  |
| CITY-ST-ZIP   | PANAMA CITY BEACH, FL 32407     |  |  |  |  |
| TITLE   |                                 |  |  |  |  |
| NAME  |                                 |  |  |  |  |
| STREET ADDRESS  |                                 |  |  |  |  |
| CITY-ST-ZIP   |                                 |  |  |  |  |
| TITLE   |                                 |  |  |  |  |
| NAME  |                                 |  |  |  |  |
| STREET ADDRESS  |                                 |  |  |  |  |
| CITY-ST-ZIP   |                                 |  |  |  |  |
| TITLE   |                                 |  |  |  |  |
| NAME  |                                 |  |  |  |  |
| STREET ADDRESS  |                                 |  |  |  |  |
| CUA-21-716  |                                 |  |  |  |  |
| TITLE   |                                 |  |  |  |  |
| NAME  |                                 |  |  |  |  |
| STREET ADDRESS  |                                 |  |  |  |  |
| CITY-SI-ZIP   |                                 |  |  |  |  |
| TITLE   |                                 |  |  |  |  |
| NAME  |                                 |  |  |  |  |
| STREET ADDRESS  |                                 |  |  |  |  |
| CITY-ST-ZIP   |                                 |  |  |  |  |
| 11. I hereby certify that the information supplied with this filling does not qualify for the e |                                 |  |  |  |  |

000000729778 05/08/07-80053-011 50.00

## 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:

KONATURE AND TYPED OF PRINCED MANE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-13-07

Dest

Daytime Phone #