2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 22, 2005 8:00 am Secretary of State

| DOCUMENT # L04000039768 1. Entity Name LAKE ROBERTS LANDING, LLC | | | | | | | 03-30-20 | 005 901 59 038 | : ****50.00 |
|--|---------------|---|---------------------------------|-------------------------------------|-------------------------|---|----------------------------|---------------------------------------|-------------------------------|
| Principal Place of Business Mailing Address | | | | | _ | | | <u>ለ በ ቦ</u> | |
| 749 NORTH 101 | GARLAND A | VENUE | 749 NORTH GARLAND AVENUE 101 | | | | 30004 | 306 | |
| ORLANDO, F | L 32801 | US | ORLANDO, FL 32801 US | | | 1111111 | en estil eien esin een eel | FI ETTED ICEN FERNI FOR SE | n mith a un |
| 2. Principal P | tace of Busin | ness | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 01132005 | Chg-LLC | CR2E083 (10/0 | 03) |
| City & State | | | City & State | | | 4. FEI Num | 05-0605 | 010 - | Applied For Not Applicable |
| Zip | Zip Country | | Zip Country | | ntry | Certificate of Status Desired | | | |
| | 6. Name | and Address of Current F | | | | 7. Name and Address of New Registered Agent | | | |
| KEATING, JOHN K | | | | | Name | - | | | |
| | | ND AVENUE | | Street Address | | | ber is Not Acceptable |) - | |
| ORLANDO |), FL 328 | 01 | | | | | | | |
| • . | | | City | | | | FL Zip C | code | |
| 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, lyped or priviled minimum of registered agent and tide of applicables. (NOTE: Registered Agent eignature required when remistating) DATE | | | | | | | | | |
| Filing Fee ts \$50.00 Due by May 1, 2005 | | | | | | | | e check payable to Department of S | |
| 9. | | MANAGING MEMBER | I | 10. | | | ADDITIONS/ | CHANGES | |
| TITLE | MGRM | 101 N IV | ☐ Delete | IMI | _ | | | Chang | ge 🔲 Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | 749 NOR | I, JOHN K TH GARLAND AVENUE, O. El. 22204 | SUITE 101 | JITE 101 STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE | UKLAND | O, FL 32801 | ☐ Deleta | TITLE | | | | ☐ Chan | as Addition |
| NAME | ŀ | | | HAM | | | | | , III |
| STREET ADDRESS CITY - ST - ZIP | | | | | ET ADDRESS - ST- ZIP | | , | | |
| TITLE | | | Delete | IMLE | | , | | Chang | z Addition |
| NAME STREET ADDRESS | 1 | • | | STRE | E ET ADDRESS | | | | 1 |
| CITY-ST-ZIP | | | | ary. | -SI-ZIP | | | | |
| TITLE | | | Delete | TITLE | | | | ☐ Chang | e Addition |
| STREET ADDRESS | | | | 1 | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | | CITY. | ·ST-ZIP | | | | |
| TITLE NAME | • | | Delete | IIILE | - 1 | | | Chang | e 🔲 Addition |
| STREET ADDRESS | } | | • | STRE | ET ADDRESS | | | | |
| CITY-\$1-ZP | | | | | -S1-ZIP | | | | |
| TITLE NAME | □ Delete | | | | | | | ☐ Chang | e 🗋 Addition |
| STREET ADDRESS | | | | STRE | ET ADDRESS | | | | |
| CITY-ST-ZIP | <u> </u> | | | | ·ST-ZIP | | | | |
| 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Rorida Statutes, I turther 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Rorida Statutes. | | | | | | | | | |
| The children to the sheet | | | | | | | | | |
| SIGNATURE: DHNK. Keatiny 53/28/05 | | | | | | | | | |