

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90061 018 \*\*\*\*50.00

**DOCUMENT # L04000041936**

1. Entity Name  
CR LAKELAND PROPERTIES I, LLC



Principal Place of Business  
500 SOUTH FLORIDA AVENUE  
SUITE 800  
LAKELAND, FL 33801 US

Mailing Address  
500 SOUTH FLORIDA AVENUE  
SUITE 800  
LAKELAND, FL 33801 US

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**DO NOT WRITE IN THIS SPACE**

01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-1197435

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CAMPBELL, TIMOTHY F  
500 SOUTH FLORIDA AVENUE  
SUITE 800  
LAKELAND, FL 33801

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
CAMPBELL, TIMOTHY F  
500 SOUTH FLORIDA AVENUE, SUITE 800  
LAKELAND, FL 33801

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
RODDA, JOHN A  
250 E. Highland Dr.  
1120 EAST EDGEWOOD DRIVE, SUITE 109  
LAKELAND, FL 33803 33813

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/15/07  
Date

863-647-5337  
Daytime Phone \*