

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L04000047309

1. Entity Name
LAKE INVESTMENT PROPERTIES, LLC



Principal Place of Business

8543 US HIGHWAY 441
LEESBURG, FL 34788

Mailing Address

8543 US HIGHWAY 441
LEESBURG, FL 34788



04162008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1289277

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, ERNEST F JR.
8543 US HIGHWAY 441
LEESBURG, FL 34788

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000910834
05/07/08-80016-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MILLER, ERNEST F JR.
35911 LAKE UNITY NURSERY ROAD
FRUITLAND PARK, FL 34731

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WHITEHOUSE, PAUL C
33941 HIGHLAND ROAD
LEESBURG, FL 34788

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WHALEN, TIMOTHY T
1633 NORMANDY WAY
LEESBURG, FL 34748

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FRESCOLN, GREGORY N
4329 SERENE CIRCLE
FRUITLAND PARK, FL 34731

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

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

Date

Daytime Phone #