

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053032

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: LAKE COUNTRY HOMES, LLC

**Current Principal Place of Business:**

19959 BEAULIEU CT.  
FORT MYERS, FL 339084839

**New Principal Place of Business:**

**Current Mailing Address:**

19959 BEAULIEU CT.  
FORT MYERS, FL 339084839

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROWLAND, SHARON R  
19959 BEAULIEU CT.  
FORT MYERS, FL 339084839 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HOUSE, GEORGE L  
Address: 20820 PINE TREE LN  
City-St-Zip: ESTERO, FL 339282532

Title: MGRM ( ) Delete  
Name: HOUSE, SHAY K  
Address: 20820 PINE TREE LN  
City-St-Zip: ESTERO, FL 339282532

Title: MGRM ( ) Delete  
Name: ROWLAND, JOHN W  
Address: 19959 BEAULIEU CT.  
City-St-Zip: FORT MYERS, FL 339084839

Title: MGRM ( ) Delete  
Name: ROWLAND, SHARON R  
Address: 19959 BEAULIEU CT.  
City-St-Zip: FORT MYERS, FL 339084839

Title: MGRM ( ) Delete  
Name: SMITH, C.H.  
Address: 602 LAKE JOSEPHINE SHORES RD  
City-St-Zip: SEBRING, FL 33875

Title: MGRM ( ) Delete  
Name: SMITH, MARY R  
Address: 602 LAKE JOSEPHINE SHORES RD  
City-St-Zip: SEBRING, FL 33875

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHARON R ROWLAND                      MGRM                      04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date