

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
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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