2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L04000053032

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/MANAGERS:

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	(X) Delete
Name:	SMITH, C.H.	
Address:	602 LAKE JOSEPHINE SHORES RD	
City-St-Zip:	SEBRING, FL 33875	
Title:	MGRM	(X) 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 exemption stated in Chapter 119, 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 AGNT 04/30/2008

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