

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058974

FILED  
Jul 11, 2007  
Secretary of State

Entity Name: INFINITY LAKES INVESTORS, LLC

**Current Principal Place of Business:**

8252 WILTSHIRE DRIVE  
PORT CHARLOTTE, FL 33981 US

**New Principal Place of Business:**

**Current Mailing Address:**

8252 WILTSHIRE DRIVE  
PORT CHARLOTTE, FL 33981 US

**New Mailing Address:**

FEI Number: 20-1469421      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

DENNIS, JOHNSON  
8252 WILTSHIRE DRIVE  
PORT CHARLOTTE, FL 33981 US

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: JOHNSON, DENNIS E  
Address: 5282 WILTSHIRE DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33981 US

Title: MGRM (X) Delete  
Name: BISGROVE, JEFFERY A  
Address: P.O. BOX 603  
City-St-Zip: CAPE HAZE, FL 33946 US

Title: MGRM ( ) Delete  
Name: RACKOUSKI, BRUCE M  
Address: P.O. BOX 406  
City-St-Zip: PLACIDA, FL 33946 US

Title: MBR (X) Delete  
Name: KLEIN, JOHN  
Address: 3101 S.E. 20TH PLACE  
City-St-Zip: CAPE CORAL, FL 33904

Title: MBR (X) Delete  
Name: KLEIN, CALVIN  
Address: 3101 S.E. 20TH PLACE  
City-St-Zip: CAPRE CORAL, FL 33904

Title: MBR (X) Delete  
Name: HARTLEY, TYRUS  
Address: 443 RIVER RD  
City-St-Zip: BAY CITY, MI 48706

**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: DENNIS JOHNSON

MGMR

07/11/2007

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