

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000059231

1. Entity Name
LAKERIDGE DEVELOPMENT, LLC



Principal Place of Business

1212 S ANDREWS AVE
SUITE 203
FORT LAUDERDALE, FL 33316

Mailing Address

2817 N.E. 25TH STREET
FORT LAUDERDALE, FL 33305

DO NOT WRITE IN THIS SPACE



04032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2156683

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

REDGRAVE & OLIVER, LLP
120 EAST PALMETTO PARK ROAD, STE. 450
BOCA RATON, FL 33432

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
SHARPE, ORLANDO
1212 S ANDREWS AVE, STE 205
FORT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
SCHOPP, DAVID
1212 S ANDREWS AVE, STE 205
FORT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
PEARLMAN, STEWART
1212 S ANDREWS AVE, STE 205
FORT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000712115
04/26/07-80015-008 50.00

**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 606, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

4-10-07 954 832-9095