

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90127 032 ***138.75

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|--|---|---------------------------------|--|---------------------------------------|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-2156683 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$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 | | | 7. Name and Address of New Registered Agent Name Bert R. Oliver, P.A. Street Address (P.O. Box Number is Not Acceptable) 955 NW 17th Ave. Bldg D City Delray Beach FL Zip Code 33445 | | |
| 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 <u><i>Bert R. Oliver</i></u> DATE <u>4-18-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SHARPE, ORLANDO 1212 S ANDREWS AVE, STE 205 FORT LAUDERDALE, FL 33316 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCHOPP, DAVID 1212 S ANDREWS AVE, STE 205 FORT LAUDERDALE, FL 33316 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PEARLMAN, STEWART 1212 S ANDREWS AVE, STE 205 FORT LAUDERDALE, FL 33316 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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 608, Florida Statutes. | | | | | |
| SIGNATURE: <u><i>[Signature]</i></u> DATE <u>4-14-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |