

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90057 014 ****50.00

DOCUMENT #LD4000063599



1. Entity Name
LAKE BUILDERS, LLC

Principal Place of Business
2500 N.W. 39 ST
BOCA RATON, FL 33434
505 S. Fed Hwy
Lake Worth, FL 33460

Mailing Address
2500 N.W. 39 ST
BOCA RATON, FL 33434
505 S. Fed Hwy
Lake Worth, FL 33460



2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

01042007 Chg-LLC CR2E083 (12/06)

City & State
 City & State

4. FEI Number
75-3163873

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
LEE, GARY S
2500 N.W. 39 ST
BOCA RATON, FL 33434

7. Name and Address of New Registered Agent
 Name: **Gary S. Lee**
 Street Address (P.O. Box Number is Not Acceptable)
505 S. Fed. Hwy
 City: **Lake Worth** **FL** Zip Code: **33460**

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: *Gary S. Lee* **Gary S. Lee** 1-7-07
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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEE, GARY S 2500 NW 39 ST BOCA RATON, FL 33434	<input checked="" 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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lee, Gary S. 505 S. Fed. Hwy Lake Worth, FL 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gary S. Lee* **Gary S. Lee** 1-7-07 561-988-2388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #