2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 14, 2008 8:00 am Secretary of State

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DOCUMENT # L04000081254 1. Entity Name LAKEWOOD DEVELOPMENT LLC					·		008 900°	•		
Principal Plac	e of Business	Mailing Address								
1667 HIGHW	AY 83 N	1667 HIGHWAY 83 N				0440				
	PRINGS, FL 32433	DEFUNIAK SPRINGS, FL	32433	.	6000	8143				
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2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address								
I I A I A ' I	State Highway 83	Ì			f 1881(811 8	II ar ifi bibli parii	OUNA DEEL OUIS	fi liffili riara	TRACT CHIN CIP	BEL UT 1841
Suite, Apt.		Suite, Apt. #, etc.		$\overline{}$						
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City & State	a	City & State			4. FEI Numt	307			ΙΔn	plied For
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	an prings II	3:-		 -	20-21	33234				
スペルコ		Zip	Country	}	5. Certificate	e of Status De	sired B		5.00 Add	
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	6. Name and Address of Current F	Registered Agent			7. Name an	d Address of	New Regis	tered Ag	ent	
			Name			-				-
THOMAS,			Stroet A	delene e /D	C. Bay North	i- Net Ann				
	NTY HWY 183 N		Street Ac	oress (P	.O. Box Numi	per is Not Acc	epiable)			
DEFUNIAR	SPRINGS, FL 32433									
			l l							
			City				•	FL	Zip Code	
the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or	registere	d agent, or b	oth, in the Stat	e of Florida	. I am far	miliar with,	and accept
SIGNATURE .	Signature (Vpacer printed name of registered agent a	nd title if applicable (NOTE	: Registered Agent signatur	ire required v	han reinstating)	1.60		DATE		
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After May	7 1, 2008 Fee will be \$538.75		10.				Make cl Florida De	neck pay partmer	able to	
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11. Thereby 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:
SIGNATURE:
SIGNATURE AND TYPED OR BANTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/18/08 Date

Daytime Phone #