


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90149 031 ****50.00

DOCUMENT # L04000081962 1. Entity Name LAKE FAIRVIEW DEVELOPMENT, LLC	
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Principal Place of Business 61 W COLONIAL DR ORLANDO, FL 32801 US	Mailing Address 61 W COLONIAL DR ORLANDO, FL 32801 US
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DO NOT WRITE IN THIS SPACE



03272006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1993845	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHOEMAKER, JOHN B
61 W COLONIAL DR
ORLANDO, FL 32801

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KODSI, ALBERT 61 W COLONIAL DR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHOEMAKER, JOHN B 61 W COLONIAL DR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT COHEN, ODED 61 W COLONIAL DR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KODSI, STEVE 61 W COLONIAL DR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  Oded Cohen 3/31/06 (407) 294-7931 x104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #