


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

|   |  |                |   |  |  |
|---|--|----------------|---|--|--|
| <b>DOCUMENT # L04000081962</b>  |  |                |   |                               |  |
| <b>1. Entity Name</b><br>LAKE FAIRVIEW DEVELOPMENT, LLC   |  |                |   |  |  |
| <b>Principal Place of Business</b><br>61 W COLONIAL DR<br>ORLANDO, FL 32801    US   |  |                | <b>Mailing Address</b><br>61 W COLONIAL DR<br>ORLANDO, FL 32801    US   |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>Suite, Apt. #, etc.  |  |                | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.  |  |  |
| <b>City &amp; State</b>   |  |                | <b>City &amp; State</b>   |  |  |
| <b>Zip</b>  |  | <b>Country</b> |   | <b>Zip</b>   |  |
| <b>Country</b>  |  | <b>Country</b> |   | <b>4. FEI Number</b><br>20-1993845   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |                |   | <b>\$5.00 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>SHOEMAKER, JOHN B<br>61 W COLONIAL DR<br>ORLANDO, FL 32801  |  |                | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| <b>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.</b>  |  |                |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____  |  |                |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>   |  |                | <b>Make check payable to<br/>Florida Department of State</b>  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |                | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br>KODSI, ALBERT<br>61 W COLONIAL DR<br>ORLANDO, FL 32801 <input type="checkbox"/> Delete     |                | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U000000738592<br>05/11/07-80074-009 50.00 |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V</b><br>SHOEMAKER, JOHN B<br>61 W COLONIAL DR<br>ORLANDO, FL 32801 <input type="checkbox"/> Delete |                | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VPT</b><br>COHEN, ODED<br>61 W COLONIAL DR<br>ORLANDO, FL 32801 <input type="checkbox"/> Delete     |                | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V</b><br>KODSI, STEVE<br>61 W COLONIAL DR<br>ORLANDO, FL 32801 <input type="checkbox"/> Delete      |                | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>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.</b> |  |                |   |  |  |
| <b>SIGNATURE:</b> _____   |  |                | ODED COHEN    4/1/07    (407) 294-7931  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |                | Date    Daytime Phone #   |  |  |