2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State
07-17-2007 90007 014 ****50.00

DOCUMENT # L04000082457

1. Entity Name
LAKE JAMES LODGE, LLC

Principal Place of Business	Mailing Address
ATTN; ALAN AND KATHERINE KRINZMAN 8930 S.W. 115TH TERRACE MIAMI, FL 33176	ATTN; ALAN AND KATHERINE KRINZMAN 8930 S.W. 115TH TERRACE MIAMI, FL 33176

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07012007No Chg-LLC CR2E083 (11/05)

4. FEI Number
56-2492111
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KRINZMAN, ALAN E ESQ.
8930 S.W. 115TH TERRACE
MIAMI, FL 33176

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 14, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KRINZMAN, ALAN E
STREET ADDRESS	8930 S.W. 115TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	MGR
NAME	KRINZMAN, KATHERINE G
STREET ADDRESS	8930 SW 115TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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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: Manager (305)790-9356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #