


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L04000082457 1. Entity Name LAKE JAMES LODGE, LLC	
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Principal Place of Business ATTN: ALAN AND KATHERINE KRINZMAN 8930 S.W. 115TH TERRACE MIAMI, FL 33176	Mailing Address ATTN: ALAN AND KATHERINE KRINZMAN 8930 S.W. 115TH TERRACE MIAMI, FL 33176
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04042008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-2492111	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

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

**DO NOT WRITE IN THIS SPACE**

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)

U00000882776  
 04/16/08-80054-011 138.75  
 DATE

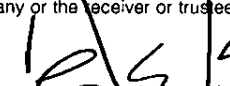
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KRINZMAN, ALAN E 8930 S.W. 115TH TERRACE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KRINZMAN, KATHERINE G 8930 SW 115TH TERRACE MIAMI, FL 33176
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**DO NOT WRITE IN THIS SPACE**

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:  Alan E. Krinzman 4/2/08 (305) 351-1070

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