

ANNUAL REPORT (AR)**DOCUMENT # L04000086058**

1. Entity Name

LAKEVIEW MANOR RV PARK, LLC



Principal Place of Business

10000 HIGHWAY 78 WEST
OKEECHOBEE CITY FL 34974

Mailing Address

2754 PINEHURST DRIVE
WESTON FL 33332**FILED**
Jan 26, 2007 08:00 AM
Secretary of State

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-2007265

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PECHTER, MARC
2754 PINEHURST DRIVE
WESTON FL 33332

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
PECHTER, MARC
2754 PINEHURST DRIVE
WESTON FL 33332 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
U000000605892
01/30/07-80047-021 55.00 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

MARC PECHTER 1/24/07 (954) 384-6500