


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90265 018 \*\*\*143.75

|  |   |
|--|---|
| <b>DOCUMENT # L04000086058</b><br>1. Entity Name<br><b>LAKEVIEW MANOR RV PARK, LLC</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><del>10000 HIGHWAY 78 WEST</del><br><del>OKEECHOBEE CITY FL 34974</del> | Mailing Address<br><b>2754 PINEHURST DRIVE</b><br><b>WESTON FL 33332</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>2754 PINEHURST DR.</b> | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|                                    |                        |
|------------------------------------|------------------------|
| City & State<br><b>WESTON, FL.</b> | City & State           |
| Zip<br><b>33332</b>                | Country<br><b>U.S.</b> |

|   |                                       |
|---|---------------------------------------|
| 1st MOORE                                 | CR2E083 (10/07)                       |
| 4. FEI Number<br><b>20-2007265</b>        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <b>7</b> | <b>\$5.00</b> Additional Fee Required |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>PECHTER, MARC</b><br><b>2754 PINEHURST DRIVE</b><br><b>WESTON FL 33332</b> |  |
|--|--|

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

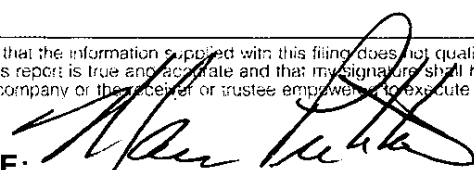
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature is required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM</b><br><b>PECHTER, MARC</b><br><b>2754 PINEHURST DRIVE</b><br><b>WESTON FL 33332</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **3-12-08** (954) 384-6500

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