2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000086804

1. Entity Name

LAKÉLAND PROPERTY PARTNERS LLC



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2800 PONCE DE LEON BOULEVARD, SUITE 1125 MIAMI, FL 33134

2800 PONCE DE LEON BOULEVARD, SUITE 1125 MIAMI, FL 33134



02202008 No Chg-LLC

CR2E083 (12/07)

FEI Number
 20-1990702

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SEIF, EVAN D 2800 PONCE DE LEON BOULEVARD, SUITE 1125 MIAMI, FL 33134

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FILE NOW!!! FEE IS \$138.75			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	D	ATE
The above named entity submits this statement for the purpose of chithe obligations of registered agent.			

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 CHAPLIN, WAYNE E 1600 NW 163RD STREET MIAMI, FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BECKER, STEVEN R 1600 NW 163RD ST MIAMI, FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		or the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information

11. I hereby certify that the information supplied with this flying 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:

Steven R. Becker

2/21/08

305-625-4171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daylime Phone #