


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90149 032 ****50.00

DOCUMENT # L04000090955		
1. Entity Name LAKEJEAN DEVELOPMENT, LLC		

Principal Place of Business 101 W COLONIAL DR ORLANDO, FL 32801	Mailing Address 101 W COLONIAL DR ORLANDO, FL 32801
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20036401

2. Principal Place of Business 61 W. Colonial Drive Suite, Apt. #, etc.	3. Mailing Address 61 W. Colonial Drive Suite, Apt. #, etc.
City & State Orlando, Florida Zip 32801 Country US	City & State Orlando, Florida Zip 32801 Country US



03272006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2034448		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent SHOEMAKER, JOHN B 61 W COLONIAL DRIVE ORLANDO, FL 32801		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 signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KODSI, ALBERT 61 W COLONIAL DR ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHOEMAKER, JOHN E 61 W COLONIAL DR ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Shoemaker, John B 61 W. Colonial Drive Orlando, Florida 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT COHEN, ODED 61 W COLONIAL DR ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KODSI, STEVE 61 W COLONIAL DR ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: 	Oded Cohen 3/31/06 (407) 294-7931 X104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	