

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90055 019 \*\*\*\*\*50.00

**DOCUMENT # L04000091938**

1. Entity Name  
**LAKE CLUB, LLC**



Principal Place of Business

**220 EAST CENTRAL PARKWAY  
SUITE 1020  
ALTAMONTE SPRINGS, FL 32701 US**

Mailing Address

**220 EAST CENTRAL PARKWAY  
SUITE 1020  
ALTAMONTE SPRINGS, FL 32701 US**



03022006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-2027789**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DICKS, JACK W  
220 EAST CENTRAL PARKWAY  
SUITE 1020  
ALTAMONTE SPRINGS, FL 32701**

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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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DICKS, JAMES E  
220 EAST CENTRAL PARKWAY, SUITE 1020  
ALTAMONTE SPRINGS, FL 32701**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 \_\_\_\_\_