

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093080

Entity Name: LAKE STYLE, LLC

FILED
Aug 26, 2005
Secretary of State

Current Principal Place of Business:

300 SOUTH ORANGE AVE
SUITE 1000 (BMJ)
ORLANDO, FL 32801 US

New Principal Place of Business:

1007 E. FORT KING ST.
SUITE B
OCALA, FL 34471 US

Current Mailing Address:

300 SOUTH ORANGE AVE
SUITE 1000 (BMJ)
ORLANDO, FL 32801 US

New Mailing Address:

1007 E. FORT KING ST.
SUITE B
OCALA, FL 34471 US

FEI Number: 74-3137098 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVE
SUITE 1000 (BMJ)
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

JOHNSON, KATHY G
1007 E. FORT KING ST.
SUITE B
OCALA, FL 34471 US

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.

SIGNATURE: KATHY G. JOHNSON

08/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOHNSON, KATHY
Address: 300 SOUTH ORANGE AVE, #1000
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOHNSON, KATHY
Address: 1007 E. FORT KING ST. SUITE B
City-St-Zip: OCALA, FL 34471 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHY G. JOHNSON

MGR

08/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date