


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90200 017 ***138.75

| | |
|---|---|
| DOCUMENT # L05000007594 |  |
| 1. Entity Name LAKE BAIL BONDS, LLC | |

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| Principal Place of Business 524 SOUTH DUNCAN DRIVE TAVARES, FL 32778 | Mailing Address 524 SOUTH DUNCAN DRIVE TAVARES, FL 32778 |
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60014684



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| 2. Principal Place of Business - No P.O. Box # 285 E. Alfred ST. | 3. Mailing Address 285 E. Alfred ST. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

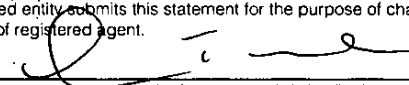
01122008 Chg-LLC CR2E083 (12/06)

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| City & State TAVARES FL | City & State TAVARES FL |
| Zip 32778 | Zip 32778 |
| Country USA | Country USA |

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| 4. FEI Number 20-2282911 | Applied For <input type="checkbox"/> Not Applicable |
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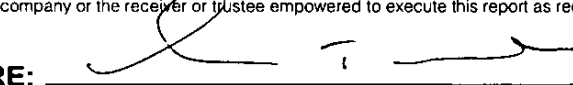
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| 6. Name and Address of Current Registered Agent MCLEOD, MICHAEL T 524 SOUTH DUNCAN DRIVE TAVARES, FL 32778 | |
| 7. Name and Address of New Registered Agent Name McLeod Michael T. Street Address (P.O. Box Number is Not Acceptable) 285 E. Alfred ST. City TAVARES FL Zip Code 32778 | |

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 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. | DATE 3-6-08 owner |

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | 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 | MGRM MCLEOD, MICHAEL T 524 SOUTH DUNCAN DRIVE TAVARES, FL 32778 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM McLeod, Michael T. 285 E. Alfred ST. TAVARES FL 32778 <input checked="" 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 |
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| 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date 3-7-08 Daytime Phone # 352 742-1999 |