


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000011348 1. Entity Name LOST LAKE LLC	
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Principal Place of Business 14 DOLPHIN DR VERO BEACH, FL 32960	Mailing Address 14 DOLPHIN DR VERO BEACH, FL 32960
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DO NOT WRITE IN THIS SPACE



04302008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 38-3717832	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HARDEE, DANIEL W 14 DOLPHIN DR VERO BEACH, FL 32960
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DO NOT WRITE 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 renewing) DATE _____

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 FALCETTA, JEFFREY L 935 12TH ST VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARDEE, DANIEL W 14 DOLPHIN DR VERO BEACH, FL 32960
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<p>U000000342438 05/29/08-80019-011 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Daniel W Hardee **DANIEL W HARDEE** 4/28/8 772-538 5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #