

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012529

Entity Name: 758 LAKE HOWELL LLC

FILED  
Jan 06, 2007  
Secretary of State

## Current Principal Place of Business:

2834 WILLOW BAY TERRACE  
CASSELBERRY, FL 32707

## New Principal Place of Business:

1201 S. ORLANDO AVE.  
SUITE 400, ATTN: F. HALIKMAN  
WINTER PARK, FL 32789

## Current Mailing Address:

2834 WILLOW BAY TERRACE  
CASSELBERRY, FL 32707

## New Mailing Address:

1201 S. ORLANDO AVE.  
SUITE 400, ATTN: F. HALIKMAN  
WINTER PARK, FL 32789

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HALIKMAN, FARLEN  
2834 WILLOW BAY TER  
CASSELBERRY, FL 32707 US

## Name and Address of New Registered Agent:

HALIKMAN, FARLEN  
1201 S. ORLANDO AVE.  
SUITE 400, ATTN: F. HALIKMAN  
WINTER PARK, FL 32789 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: FARLEN HALIKMAN

01/06/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MR. ( ) Delete  
Name: HALIKMAN, FARLEN  
Address: 2834 WILLOW BAY TER  
City-St-Zip: CASSELBERRY, FL 32707 US

## ADDITIONS/CHANGES:

Title: MR. (X) Change ( ) Addition  
Name: HALIKMAN, FARLEN  
Address: 1201 S. ORLANDO AVE. (SUITE 400)  
City-St-Zip: WINTER PARK, FL 32789 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: FARLEN HALIKMAN

MR.

01/06/2007

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