

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90045 015 ****50.00

DOCUMENT # L05000013498

1. Entity Name
 LAKE WILSON INVESTMENTS, LLC



Principal Place of Business
 P.O. BOX 941330
 MAITLAND, FL 32794

Mailing Address
 P.O. BOX 941330
 MAITLAND, FL 32794

00060716



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03142006 Chg-LLC CR2E083 (11/05)

City & State

4. FEI Number
 20-3842139

Applied For
 Not Applicable

City & State

Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, N. DWAYNE JR., ESQ
 201 EAST PINE STREET, SUITE 500
 ORLANDO, FL 32801

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
 NAME FARMER, RICHARD
 STREET ADDRESS P.O. BOX 941330
 CITY-ST-ZIP MAITLAND, FL 32794

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME GRAY, N. DWAYNE
 STREET ADDRESS 201 EAST PINE STREET, SUITE 500
 CITY-ST-ZIP ORLANDO, FL 32801

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: N. Dwayne Gray, Jr *[Signature]* MANAGER 3-17-06 407-425-6559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



ATTACHMENT
20020712
LUSTYDD 13498
GREENSPOON MARDER
A PROFESSIONAL ASSOCIATION

From the Desk of:

N. Dwayne Gray, Jr., Esq.
Capital Plaza I, Suite 500
201 East Pine Street
Orlando, Florida 32801
407-425-6559 (Office)
Type Direct Fax: Then Press F11 (Direct Fax)
407-422-6583 (Fax)
dwayne.gray@greenspoonmarder.com

March 22, 2006

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: Filing Annual Report

Dear Sir or Madam:

Enclosed please find the 2006 Limited Liability Company Annual Report for Lake Wilson Investments, LLC, along with our check in the amount of \$50.00 for the filing of same.

Thank you for your assistance in this matter.

Very truly yours,

GREENSPOON MARDER, P.A.

Jacqueline LaChance, Paralegal
For the Firm

Enclosures

www.greenspoonmarder.com
888-491-1120

Locations Throughout Florida

Fort Lauderdale

Orlando

Hollywood

Boca Raton

West Palm Beach

St. Petersburg