

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015806

FILED
Apr 30, 2007
Secretary of State

Entity Name: THE LAKE LANDS DEVELOPMENT, LLC

Current Principal Place of Business:

3956 TOWN CENTER BLVD. PMB 120
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

3956 TOWN CENTER BLVD. PMB 120
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 20-2456826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, RICHARD A
3956 TOWN CENTER BLVD. PMB 120
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MASTER DEVELOPMENT, LLC
Address: 3956 TOWN CENTER BLVD. PMB 120
City-St-Zip: ORLANDO, FL 32837

Title: MGRM () Delete
Name: C&G DEVELOPMENT, LLC,
Address: 4965 US HWY 42, STE. 2800
City-St-Zip: LOUISVILLE, KY 40222

Title: MGRM () Delete
Name: LOUISVILLE D-K REAL, ESTATE, INC.
Address: 2400 LIME KILN LANE, STE. F
City-St-Zip: LOUISVILLE, KY 40222

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: HARRY E. HARP

CPA

04/30/2007

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