

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000015806

1. Entity Name

THE LAKE LANDS DEVELOPMENT, LLC



Principal Place of Business

3956 TOWN CENTER BLVD. PMB 120  
ORLANDO, FL 32837

Mailing Address

3956 TOWN CENTER BLVD. PMB 120  
ORLANDO, FL 32837



01292008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2456826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MASTER DEVELOPMENT, LLC
STREET ADDRESS	3956 TOWN CENTER BLVD. PMB 120
CITY- ST- ZIP	ORLANDO, FL 32837
TITLE	MGRM
NAME	C&G DEVELOPMENT, LLC
STREET ADDRESS	4965 US HWY 42, STE. 2800
CITY- ST- ZIP	LOUISVILLE, KY 40222
TITLE	MGRM
NAME	LOUISVILLE D-K REAL ESTATE, INC.
STREET ADDRESS	2400 LIME KILN LANE, STE. F
CITY- ST- ZIP	LOUISVILLE, KY 40222
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

UD00000938415  
05/27/08-80088-015 138.75

**DO NOT WRITE  
IN THIS SPACE**

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: *D. R. K.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/18/08 502 339-2800