

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000019173

Entity Name: LAKEPAR LLC

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7065 WESTPOINTE BLVD  
SUITE 303  
ORLANDO, FL 32835

**New Principal Place of Business:**

190 PLAZA AVENUE  
LAKE PLACID, FL 33852

**Current Mailing Address:**

7065 WESTPOINTE BLVD  
SUITE 303  
ORLANDO, FL 32835

**New Mailing Address:**

10870 BAYSHORE DRIVE  
WINDERMERE, FL 34786

FEI Number: 42-1660863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAUL, DULFER A  
10870 BAYSHORE DRIVE  
WINDERMERE, FL 34786 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: MGR  
Name: DULFER, PAUL  
Address: P.O. BOX 1177  
City-St-Zip: GOTH, FL 34734

Title: MGR  
Name: BOST, DAVID  
Address: P.O. BOX 1177  
City-St-Zip: GOTH, FL 34734

I hereby 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: PAUL DULFER

MGR

01/23/2012

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