

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90052 041 \*\*\*\*50.00

**DOCUMENT # L05000019913**

1. Entity Name  
**LAKE MONROE DEVELOPMENT, LLC**



Principal Place of Business  
**204 NORTH PARK AVENUE, SUITE 100  
SANFORD, FL 32771**

Mailing Address  
**204 NORTH PARK AVENUE, SUITE 100  
SANFORD, FL 32771**

**60011034**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

**32-0143019**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VIHLEN & SILLS, P.A.  
1173 SPRING CENTRE SOUTH BOULEVARD, STE C  
ALTAMONTE SPRINGS, FL 32714**

7. Name and Address of New Registered Agent

Name Same name - new address

Street Address (P.O. Box Number is Not Acceptable)

1485 International Pkwy Suite 1031

City Heathrow

**FL**

Zip Code 32746

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
VIHLEN, JR, SID  
418 RIVER DR  
DEBARY, FL 32713** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

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

Date

Daytime Phone #

SID VIHLEN, JR. 1/30/07