

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021723

Entity Name: LAKE DRAWDY RESERVE, LLC

FILED  
Jan 23, 2008  
Secretary of State

**Current Principal Place of Business:**

1519 WEST BROADWAY  
OVIEDO, FL 32765

**New Principal Place of Business:**

1519 WEST BROADWAY STREET  
OVIEDO, FL 32765

**Current Mailing Address:**

P.O. BOX 620337  
OVIEDO, FL 32762

**New Mailing Address:**

FEI Number: 20-2432384

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLONINGER, EVELYN W  
1519 WEST BROADWAY  
OVIEDO, FL 32765 US

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

CLONINGER, EVELYN W  
1519 WEST BROADWAY STREET  
OVIEDO, FL 32765 US

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:

01/23/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LUKER, GEOFFREY K  
Address: 131 OVERLOOK DRIVE  
City-St-Zip: OVIEDO, FL 32766

Title: MGR ( ) Delete  
Name: SLADAK, PAUL B  
Address: 1017 WILLA LAKE CIRCLE  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: SLADEK, PAUL B  
Address: 1519 WEST BROADWAY STREET  
City-St-Zip: OVIEDO, FL 32765

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: PAUL B SLADEK

MGR

01/23/2008

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