

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023236

FILED
Jan 04, 2007
Secretary of State

Entity Name: LAKE PERCH VENTURES LLC

Current Principal Place of Business:

7400 SW 50TH TERR
MIAMI, FL 33155

New Principal Place of Business:

7400 SW 50TH TERR
SUITE 201
MIAMI, FL 33155

Current Mailing Address:

7400 SW 50TH TERR
MIAMI, FL 33155

New Mailing Address:

7400 SW 50TH TERR
SUITE 201
MIAMI, FL 33155

FEI Number: 56-2520384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLAHER, JOSEPH R
7400 SW 50TH TERR
MIAMI, FL 33155 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 () Delete
Name: HEDG-PETH, C. GEORGE
Address: 681 KISSIMMEE PLACE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR () Delete
Name: BIRCH, PATRICIA J
Address: 7400 SW 50TH TERR
City-St-Zip: MIAMI, FL 33155

Title: MGR () Delete
Name: GALLAHER, JOSEPH R
Address: 7400 SW 50TH TERR
City-St-Zip: MIAMI, FL 33155

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 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: JOSEPH R GALLAHER

MGR

01/04/2007

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