

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034796

Entity Name: LAPIERRE LAKE HOUSE, LLC

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

115 ANN STREET
HAWTHORNE, FL 32640

New Principal Place of Business:

Current Mailing Address:

5094 NE 122ND DRIVE
OKEECHOBEE, FL 34972

New Mailing Address:

115 ANN STREET
HAWTHORNE, FL 32640

FEI Number: 37-1507775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAPIERRE, PAULINE J
5094 NE 122ND DRIVE
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

LAPIERRE, PAULINE J
115 ANN STREET
HAWTHORNE, FL 32640 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: PAULINE J. LAPIERRE

04/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LAPIERRE, PAULINE J
Address: 5094 NE 122ND DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGR () Delete
Name: LAPIERRE, GARY J
Address: 5094 NE 122ND DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: LAPIERRE, PAULINE J
Address: 115 ANN STREET
City-St-Zip: HAWTHORNE, FL 32640

Title: VP (X) Change () Addition
Name: LAPIERRE, GARY J
Address: 115 ANN STREET
City-St-Zip: HAWTHORNE, FL 32640

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: PAULINE J. LAPIERRE

P

04/29/2007

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