

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90040 048 ****50.00

DOCUMENT # L05000037917

1. Entity Name
INDIAN LAKE PLANTATION, LLC



Principal Place of Business
**420 LAKE SHORE DRIVE
MADISON, FL 32340**

Mailing Address
**420 LAKE SHORE DRIVE
MADISON, FL 32340**

60040403



2. Principal Place of Business - No P.O. Box #
151 SE Lakeshore Dr
Suite, Apt. #, etc.

3. Mailing Address
151 SE Lakeshore Dr
Suite, Apt. #, etc.

03282007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-2701825

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

7. Name and Address of New Registered Agent

**DAVIS, HENRY N
420 LAKE SHORE DRIVE
MADISON, FL 32340**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DAVIS, JAMES B. JIMMY
420 LAKE SHORE DRIVE
MADISON, FL 32340** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
151 SE Lakeshore Dr ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DAVIS, HENRY N. HANK
420 LAKE SHORE DRIVE
MADISON, FL 32340** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
151 SE Lakeshore Dr ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 or 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 #

4-23-07 973-2215