

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000038941

1. Entity Name
LAKE BALDWIN PROPERTIES, LLC



Principal Place of Business

1570 LAKE BALDWIN LN
SUITE A
ORLANDO, FL 32814

Mailing Address

1570 LAKE BALDWIN LN
SUITE A
ORLANDO, FL 32814



02142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1666321

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, DOUGLAS R
1570 LAKE BALDWIN LN
SUITE A
ORLANDO, FL 32814

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000831518
02/27/08-80021-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME RUSSELL, DOUGLAS R
STREET ADDRESS 1570 LAKE BALDWIN LN SUITE A
CITY-ST-ZIP ORLANDO, FL 32814

TITLE MGRM
NAME SECRIST, ROBERT L
STREET ADDRESS 1570 LAKE BALDWIN LN SUITE A
CITY-ST-ZIP ORLANDO, FL 32814

TITLE MGRM
NAME HOOKER, MARONS
STREET ADDRESS 5511 HANSEL AVE
CITY-ST-ZIP ORLANDO, FL 32809

TITLE MGRM
NAME ARTERBURN, JAMES S
STREET ADDRESS 5511 HANSEL AVE
CITY-ST-ZIP ORLANDO, FL 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

DOUGLAS R. RUSSELL

2/17/08

Date

407-228-7011

Daytime Phone #

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