


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90213 037 \*\*\*\*50.00

<b>DOCUMENT # L05000046037</b> 1. Entity Name <b>LAKE MORTON DEVELOPMENT, LLC</b>					
Principal Place of Business P.O. BOX 32039 LAKELAND FL 33802 US			Mailing Address P.O. BOX 32039 LAKELAND FL 33802 US		
2. Principal Place of Business - No P.O. Box # <b>4025 S. Pipkin Rd.</b>		3. Mailing Address <b>4025 S. Pipkin Rd.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>LAKELAND FL</b>		City & State <b>LAKELAND, FL</b>		4. FEI Number <b>20-2809500</b>	
Zip <b>33811</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CAMPBELL, TIMOTHY F</b> <b>500 SOUTH FLORIDA AVENUE</b> <b>SUITE 800</b> <b>LAKELAND FL 33801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
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 _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> </div> <div style="width: 45%;"> <b>10. ADDITIONS/CHANGES</b> </div> </div>					
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYLESS, HOWARD		NAME	BAYLESS, HOWARD	
STREET ADDRESS	500 SOUTH FLORIDA AVE., SUITE 201		STREET ADDRESS	4025 S. Pipkin Rd.	
CITY - ST - ZIP	LAKELAND FL 33801		CITY - ST - ZIP	LAKELAND, FL 33811	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		



1st MOORE CR2E083 (10/06)

**SIGNATURE:**

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

**HOWARD BAYLESS** 2/27/07 863  
680-2293

Date

Daytime Phone #

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.