

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048472

FILED
Apr 02, 2009
Secretary of State

Entity Name: LAKE EASY VENTURE, LLC

Current Principal Place of Business:

11030 BLUE JAY LANE
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

11030 BLUE JAY LANE
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 20-2856918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERKS, CHRISTY S ESQ
50 SE FOURTH AVENUE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

PERRY, MARK
50 SE FOURTH AVENUE
DELRAY BEACH, FL 33483 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: MARK PERRY

04/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LONG, CRAIG
Address: 11030 BLUE JAY LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGR () Delete
Name: MONTI, ROBERT
Address: 11030 BLUE JAY LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGR () Delete
Name: DEKA, DARYL
Address: 11030 BLUE JAY LANE
City-St-Zip: BOYNTON BEACH, FL 33437

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 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: CRAIG LONG

MGR

04/02/2009

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