

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000052946

1. Entity Name
LAKE JACKSON RIDGE AT MASCOTTE, LLC



Principal Place of Business

132 W PLANT ST
SUITE 200
WINTER GARDEN, FL 34787

Mailing Address

P.O. BOX 770609
WINTER GARDEN, FL 34777

FILED
Apr 16, 2008 08:00 AM
Secretary of State



03202008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2975124

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

PRATT, JAMES R ESQUIRE
369 N. NEW YORK AVENUE, 3RD FLOOR
WINTER PARK, FL 32789

**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 renewing)

DATE _____

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

000000900716
04/23/08-80040-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUNE, II, ROHLAND A P.O. BOX 770609 WINTER GARDEN, FL 34777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLSTON, ROBERT W P.O. BOX 770609 WINTER GARDEN, FL 34777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAWTHON, FRANK JR P.O. BOX 770609 WINTER GARDEN, FL 34777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LITTIKEN, DAVID P.O. BOX 770609 WINTER GARDEN, FL 34777
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: _____

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

Rohland A. June

4/11/08

Date

407-905-8150

Daytime Phone #