

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2006 8:00 am
Secretary of State

03-29-2006 90022 013 ****50.00

30010500



DOCUMENT # L05000062232 1. Entity Name LAKE PLACID GROUP, LLC					
Principal Place of Business 1036 SW 13TH COURT POMPANO BEACH, FL 33069			Mailing Address 1036 SW 13TH COURT POMPANO BEACH, FL 33069		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-3165024			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent DODGE, KENNETH W 1700 PALM BEACH LAKES BLVD. SUITE 1000 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent 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 _____ Signature typed or printed name of registered agent and if applicable (NOTE: Registered Agent signature is required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	managing member ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	Harry M. Posin		NAME		
STREET ADDRESS	1036 SW 13th Court		STREET ADDRESS		
CITY-ST-ZIP	Pompano Beach, FL 33069		CITY-ST-ZIP		
TITLE	managing member ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	Stuart Posin		NAME		
STREET ADDRESS	1036 SW 13th Court		STREET ADDRESS		
CITY-ST-ZIP	Pompano Beach, FL 33069		CITY-ST-ZIP		
TITLE	managing member ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	Eric Curkin		NAME		
STREET ADDRESS	1036 SW 13th Court		STREET ADDRESS		
CITY-ST-ZIP	Pompano Beach, FL 33069		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____			6/13/06 964-785-7555		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

3/29/2006-90022-013-\$50.00-\$50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

DOCUMENT # L05000062232

1. Entity Name
LAKE PLACID GROUP, LLCPrincipal Place of Business
1036 SW 13TH COURT
POMPANO BEACH, FL 33069Mailing Address
1036 SW 13TH COURT
POMPANO BEACH, FL 33069

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3169024Applied For
Not Applicable5. 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

DODGE, KENNETH W
1700 PALM BEACH LAKES BLVD.
SUITE 1000
WEST PALM BEACH, FL 33401

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

Signature typed or printed name of registered agent and date of signature

Signature typed or printed name of registered agent and date of signature

Date

Filing Fee is \$50.00
Due by May 1, 2006Make check payable to
Florida Department of State

8. REMOVING MEMBERS/MANAGERS			9. ADDITIONS/CHANGES		
TITLE	Member	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Harry M. Posin		NAME		
STREET ADDRESS	1036 SW 13th Court		STREET ADDRESS		
CITY, ST, ZIP	Pompano Beach, FL 33069		CITY, ST, ZIP		
TITLE	Member	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Harry M. Posin		NAME		
STREET ADDRESS	1036 SW 13th Court		STREET ADDRESS		
CITY, ST, ZIP	Pompano Beach, FL 33069		CITY, ST, ZIP		
TITLE	Member	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Stuart M. Rain		NAME		
STREET ADDRESS	1036 SW 13th Court		STREET ADDRESS		
CITY, ST, ZIP	Pompano Beach, FL 33069		CITY, ST, ZIP		
TITLE	Member	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Eric Curtin		NAME		
STREET ADDRESS	1036 SW 13th Court		STREET ADDRESS		
CITY, ST, ZIP	Pompano Beach, FL 33069		CITY, ST, ZIP		
TITLE	Member	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Rudolph A. Muntgelas		NAME		
STREET ADDRESS	14 Dodge Drive		STREET ADDRESS		
CITY, ST, ZIP	W. Hartford, CT 06107		CITY, ST, ZIP		
TITLE	Member	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Paul R. Curran		NAME		
STREET ADDRESS	1000 S. Johnson		STREET ADDRESS		
CITY, ST, ZIP	Carbondale, IL 62901		CITY, ST, ZIP		

10. 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 REMOVING MEMBERS, MANAGERS, OR AUTHORIZED REPRESENTATIVE

Harry Posin

3/21/06 984.785-7555

Signature Page 1