


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000062232</b>	
1. Entity Name <b>LAKE PLACID GROUP, LLC</b>	
	
Principal Place of Business <b>1036 SW 13TH COURT POMPANO BEACH, FL 33069</b>	Mailing Address <b>1036 SW 13TH COURT POMPANO BEACH, FL 33069</b>



01152008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3165024</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>DODGE, KENNETH W 1700 PALM BEACH LAKES BLVD. SUITE 1000 WEST PALM BEACH, FL 33401</b>	<b>DO NOT WRITE IN THIS SPACE</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000871636  
04/10/08-80005-015 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM POSIN, HARRY M 1036 SW 13TH CT POMPANO BEACH, FL 33069</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM POSIN, STUART 1036 SW 13TH CT POMPANO BEACH, FL 33069</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CURKIN, ERIC 1036 SW 13TH CT POMPANO BEACH, FL 33069</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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

**Harry M. Posin M.M.**

**3/24/08**

Date

**954.785.7665**

Daytime Phone #