


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90004 006 \*\*\*\*50.00

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # L05000072010</b>  |   |  |   |  |  |
| <b>1. Entity Name</b><br>LAKE CE MANAGEMENT, LLC  |   |  |   |   |  |
| <b>Principal Place of Business</b><br>5555 ANGLERS AVENUE<br>SUITE 1A<br>FORT LAUDERDALE, FL 33312 US   |   |  | <b>Mailing Address</b><br>5555 ANGLERS AVENUE<br>SUITE 1A<br>FORT LAUDERDALE, FL 33312 US |   |  |
| <b>2. Principal Place of Business</b>   |   | <b>3. Mailing Address</b>                                    |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |   |  |
| City & State  |   | City & State   |   |   |  |
| Zip   | Country   | Zip  | Country   | <b>4. FEI Number</b><br>20-3199999  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |  |   | <b>Applied For</b><br>Not Applicable  |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |  |   | <b>7. Name and Address of New Registered Agent</b>                                |  |
| FERRELL GROUP CORPORATE SERVICES, LLC<br>201 S. BISCAYNE BLVD.<br>34TH FLOOR<br>MIAMI, FL 33131   |   |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                |  |
| <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.</b>  |   |  |   | FL Zip Code   |  |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>   |   | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>PIAZZA, ALBERT C<br>5555 ANGLERS AVENUE, SUITE 1A<br>FORT LAUDERDALE, FL 33312 |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Delete   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>NEAL, MIKE<br>5555 ANGLERS AVENUE, SUITE 1A<br>FORT LAUDERDALE, FL 33312       |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>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.</b> |   |  |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |  |   |   |  |
| ALBERT C. PIAZZA, MANAGER 1/10/06 (954) 620-1000  |   |  |   |   |  |