


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 09, 2008 8:00 am
Secretary of State

09-09-2008 90031 029 ***143.75

DOCUMENT # L05000075948					
1. Entity Name THE SOUTH LAKE GROUP, LLC					
Principal Place of Business 1635 E HWY 50 SUITE 303 CLERMONT, FL 34711 US			Mailing Address 614 E HWY 50 #213 CLERMONT, FL 34711 US		
2. Principal Place of Business No P.O. Box # 9825 Sandy Pines Rd.		3. Mailing Address 9825 Sandy Pines Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Clermont FL		City & State Clermont FL		4. FEI Number 20-4743003	
Zip 34711		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, BRET ESQUIRE 700 ALMOND STREET CLERMONT, FL 34711		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINCHESTER, TANYA 614 E HWY 50 #213 CLERMONT, FL 34711		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Winchester, Tanya 9825 Sandy Pines Rd. Clermont FL 34711	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Tanya Winchester mgrm</u>			9-6-08 407-832-0006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

50010222



09052008 Chg-LLC CR2E083 (12/06)