



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90021 003 \*\*\*\*50.00

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|---|--|--|---|--|---|
| <b>DOCUMENT # L05000083830</b>  |  |  |   |   |   |
| <b>1. Entity Name</b><br>LAKE ASHTON RENTALS, LLC   |  |  |   |  |   |
| <b>Principal Place of Business</b><br>4256 ASHTON CLUB DRIVE<br>LAKE WALES, FL 33859 US   |  |  | <b>Mailing Address</b><br>4256 ASHTON CLUB DRIVE<br>LAKE WALES, FL 33859 US   |  |   |
| <b>2. Principal Place of Business</b><br>100 El Camino Dr<br>Suite, Apt. #, etc.<br>#106<br>City & State<br>Winter Haven, FL<br>Zip<br>33884<br>Country<br>USA  |  | <b>3. Mailing Address</b><br>100 El Camino Dr<br>Suite, Apt. #, etc.<br>#106<br>City & State<br>Winter Haven, FL<br>Zip<br>33884<br>Country<br>USA |   |  |   |
| 04142006 Chg-LLC CR2E083 (11/05)  |  |  |   | <b>4. FEI Number</b><br>20-3354213   |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |  |   | <b>Applied For</b><br>Not Applicable   |   |
| <b>6. Name and Address of Current Registered Agent</b><br>HILL, ROGER<br>4256 ASHTON CLUB DRIVE<br>LAKE WALES, FL 33859   |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name: Wanda Mae Sprecher<br>Street Address (P.O. Box Number is Not Acceptable): 100 El Camino Drive #106<br>City: Winter Haven FL Zip Code: 33884 |  |   |
| <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><br>SIGNATURE: <u>Wanda Mae Sprecher, manager</u> DATE: <u>4/18/06</u><br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))</small>                                    |  |  |   |  |   |
| <b>Filing Fee is \$50.00 Due by May 1, 2006</b>   |  |  | <b>Make check payable to Florida Department of State</b>  |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>HILL, ROGER<br>4256 ASHTON CLUB DRIVE<br>LAKE WALES, FL 33859 | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | manager<br>Wanda Mae Sprecher<br>100 El Camino Dr. #106<br>Winter Haven, FL 33884  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<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> <u>Wanda Mae Sprecher, manager</u> DATE: <u>4/18/06</u> DAYTIME PHONE #: <u>863-324-7831</u><br><small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)</small>  |  |  |   |  |   |