

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90137 008 \*\*\*\*55.00

<b>DOCUMENT # L05000084790</b> 1. Entity Name <b>LAKELAND APARTMENTS, LLC</b>																																																		
Principal Place of Business <b>730 BONNIE BRAE STREET WINTER PARK, FL 32789</b>			Mailing Address <b>730 BONNIE BRAE STREET WINTER PARK, FL 32789</b>																																															
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																															
4. FEI Number <b>51-0555448</b>			Applied For <input type="checkbox"/> Not Applicable																																															
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$5.00</b> Additional Fee Required																																															
6. Name and Address of Current Registered Agent <b>CAVANAUGH, THOMAS L 730 BONNIE BRAE STREET WINTER PARK, FL 32789</b>			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 _____																																																		
Filing Fee <b>\$50.00</b> Due by <b>May 1, 2006</b>		Make check payable to <b>Florida Department of State</b>																																																
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>MANAGING MEMBER</td> <td>TLC CONDO MANAGEMENT, INC.</td> <td>730 BONNIE BRAE ST.</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>WINTER PARK, FL 32789</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	MANAGING MEMBER	TLC CONDO MANAGEMENT, INC.	730 BONNIE BRAE ST.	<input type="checkbox"/> Delete	NAME		WINTER PARK, FL 32789			10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete																																														
TITLE	MANAGING MEMBER	TLC CONDO MANAGEMENT, INC.	730 BONNIE BRAE ST.	<input type="checkbox"/> Delete																																														
NAME		WINTER PARK, FL 32789																																																
TITLE	NAME	STREET ADDRESS	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.																																																		
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																		



ATTACHMENT

30000736

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2006

LAKELAND APARTMENTS, LLC  
730 BONNIE BRAE STREET  
WINTER PARK, FL 32789

Subject: LAKELAND APARTMENTS, LLC

Reference Number:

L05000084790

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION