

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90054 019 \*\*\*\*50.00

04-21-2008 90322 035 \*\*\*138.75

DOCUMENT # L05000086084

1. Entity Name  
LAKE KIMBERLY DEVELOPMENT LLC



Principal Place of Business

9101 SHALLOWFORD LN.  
PORT RICHEY, FL 34668

Mailing Address

9101 SHALLOWFORD LN.  
PORT RICHEY, FL 34668

2. Principal Place of Business - No P.O. Box #  
263 N.E. 8 ST.

3. Mailing Address  
263 N.E. 8 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182008

Chg-LLC

CR2E083 (12/06)

City & State

Homestead, FL

City & State

Homestead, FL

4. FEI Number

59-3824697

Applied For

Not Applicable

Zip

33030

Country

U.S.

Zip

33030

Country

U.S.

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SKRLD, INC.  
201 ALHAMBRA CIR. SUITE 1102  
CORAL GABLES, FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DEL VECCHIO, FRANK  
15215 U.S. HWY 19 SUITE D  
NEW PORT RICHEY, FL 34652

☒ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Del Vecchio, Patrick  
263 N.E. 8 ST.  
Homestead, FL 33030

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/18/08 305-246-9500