2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008
Secretary of State

DOCUMENT# L05000091146

Entity Name: LAKE GRIFFIN TOWN HOMES, LLC

Current Principal Place of Business:

802 WETSTONE PLACE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

802 WETSTONE PLACE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 20-3470459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDREYER, NICOLAS
802 WETSTONE PLACE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

ANDREYEV, NICOLAS E
802 WETSTONE PLACE
SANFORD, FL 32771 US

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.

SIGNATURE: NICOLAS E ANDREYEV 03/24/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MACIEL, MARK A
Address: 12525 WESTFIELD LAKE CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM ( ) Delete
Name: ANDREYEV LAND GROUP,, LLC
Address: 802 WETSTONE PLACE
City-St-Zip: SANFORD, FL 32771

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: ANDREYEV, NICOLAS E
Address: 802 WETSTONE PLACE
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NICOLAS E ANDREYEV RA 03/24/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date