2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2011
Secretary of State

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Entity Name: LADY LAKES DEVELOPMENT, LLC

Current Principal Place of Business:

5405 CYPRESS CENTER DRIVE, SUITE 320
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

5405 CYPRESS CENTER DRIVE, SUITE 320
TAMPA, FL 33609

New Mailing Address:

FEI Number: 20-3537268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLCOMB, VICTOR W ESQ.
201 N. ARMENIA AVE.
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

HOLCOMB, VICTOR W ESQ.
3203 W CYPRESS STREET
TAMPA, FL 33607 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: _____ 03/25/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: RATH TWO,LLC
Address: 5405 CYPRESS CENTER DR., STE 320
City-St-Zip: TAMPA, FL 33609

Title: MGRM
Name: HARPER FAMILY HOLDINGS LLC
Address: 5405 CYPRESS CENTER DR SUITE 320
City-St-Zip: TAMPA, FL 33609

Title: P
Name: RATH, FRED H
Address: 5405 CYPRESS CENTER DRIVE, SUITE 320
City-St-Zip: TAMPA, FL 33609 US

Title: VP
Name: HARPER, WILLIAM H
Address: 5405 CYPRESS CENTER DRIVE, SUITE 320
City-St-Zip: TAMPA, FL 33609 US

Title: ST
Name: BLUNN, TIFFANY J
Address: 5405 CYPRESS CENTER DRIVE, SUITE 320
City-St-Zip: TAMPA, FL 33609 US

Title: VP
Name: MARTLING, ROBERT A
Address: 5405 CYPRESS CENTER DRIVE, SUITE 320
City-St-Zip: TAMPA, FL 33609 US

I hereby 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 Statues.

SIGNATURE: ROBERT A MARTLING VP 03/25/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date