

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

07-21-2008 90083 004 \*\*\*138.75

**DOCUMENT # L05000093441**

1. Entity Name

LADY LAKES APARTMENTS, LLC



Principal Place of Business

5405 CYPRESS CENTER DRIVE, SUITE 320  
TAMPA, FL 33609

Mailing Address

5405 CYPRESS CENTER DRIVE, SUITE 320  
TAMPA, FL 33609

00008708



07152008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-3537301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HOLCOMB, VICTOR W  
201 NORTH ARMENIA AVE  
TAMPA, FL 33609

**DO NOT WRITE  
IN THIS SPACE**

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 \$538.75**  
**Due by September 12, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME LADY LAKES DEVELOPMENT, LLC  
STREET ADDRESS 5405 CYPRESS CENTER DR SUITE 320  
CITY-ST-ZIP TAMPA, FL 33609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/15/08 813-636-8861

# ATTACHMENT



50008708  
# L05000093441

July 15, 2008

Florida Department of State  
Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

RE: LADY LAKES APARTMENTS, LLC

Dear Sirs:

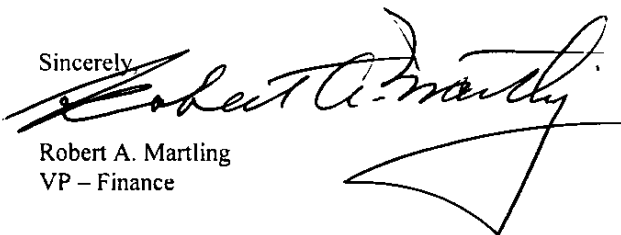
Attached is a check in the amount of \$138.75 for the resubmittal of the Lady Lakes Apartments, LLC annual report for 2008. We had previously submitted our annual report (see attached) along with the appropriate fee of \$138.75. The check was inadvertently sent back to us probably because we have another property similarly named (Lady Lakes Development, LLC).

Please do not dissolve the partnership Lady Lakes Apartments, LLC.

Thank you and call me directly @ 813-636-8861 ext 230 if you have any questions.

Thanks.

Sincerely,

  
Robert A. Martling  
VP - Finance

LADY LAKES APARTMENTS, LLC

04/14/08 VENDOR FLDEPT CHECK: 140

Co-Pro	GL Account #	Invoice #	Description	Amount to Pay
LL-900	8430-	L05000093441 08	LADY LAKES APAR	138.75
			TOTAL	138.75

ATTACHMENT

50008708

LADY LAKES APARTMENTS, LLC  
 THE QUARTERS APARTMENTS  
 5405 CYPRESS CENTER DRIVE, SUITE 320  
 TAMPA, FL 33609

REGIONS BANK

63-466  
631

NO: 140

DATE

04/14/08

90 DAYS

\*\*\*\*\*\$138.75

PAY ONE HUNDRED THIRTY-EIGHT AND 75/100 DOLLARS

POWER  
CHECKYELLOW COPY  
VOID

TO THE ORDER OF  
 FLORIDA DEPARTMENT OF STATE  
 DIV. OF CORPORATIONS-ANNUAL REPORT SECT.  
 P.O. BOX 6327  
 TALLAHASSEE, FL 32314

STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	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 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 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 NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE:

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

Date

Registered Phone #

3/31/08 813-636-8861

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**ATTACHMENT**

DOCUMENT # L05000093441

1. Entity Name

LADY LAKES APARTMENTS, LLC



Date Approved 5/3/08

Approved By RAM

Co/Proj LL-900

Accounting Code 8430

Principal Place of Business

5405 CYPRESS CENTER DRIVE, SUITE 320  
TAMPA FL 33609

Mailing Address

5405 CYPRESS CENTER DRIVE, SUITE 320  
TAMPA FL 33609

2. Principal Place of Business - No P.O. Box #

197 TEAGUE TRAIL

3. Mailing Address

Suite, Apt. #, etc.

CR 25

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

LADY LAKE, FL

City & State

4. FEI Number

20-3537301

Applied For

Not Applicable

Zip

32159

Country

US

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOLCOMB, VICTOR W  
201 NORTH ARMENIA AVE  
TAMPA FL 33609

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's signature required if 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 MGRM ☐ Delete  
NAME LADY LAKES DEVELOPMENT, LLC  
STREET ADDRESS 5405 CYPRESS CENTER DR SUITE 320  
CITY- ST- ZIP TAMPA FL 33609

TITLE ☐ Delete  
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STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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SIGNATURE:

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

3/3/08 813-636-8861

2-200

Crystina Prince &

ATTACHMENT

50008708



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS  
P.O. Box 8700  
Tallahassee, Florida 32314

First-Class Mail  
U.S. Postage  
**PAID**  
State of Florida  
84321

850-245-6051

## NOTICE OF INTENT TO DISSOLVE

Do Not Dissolve

0172275 01 AV 0 199 \*\*AUTO TB 2 1203 33609-102695



LADY LAKES APARTMENTS, LLC  
5405 CYPRESS CENTER DRIVE, SUITE 320  
TAMPA FL 33609-1026

20-3537301

**\* DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING \***

**OPTION 3 - Receive a form by mail - Allow up to 28 days total processing time.**

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document #

L05000093441

LADY LAKES APARTMENTS, LLC  
5405 CYPRESS CENTER DRIVE, SUITE 320  
TAMPA FL 33609-1026

Note: This is not a change  
to the address of record.



2008  
CR2E095 - 2nd 3/08