


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90335 026 ***138.75

DOCUMENT # L05000100624	
1. Entity Name CHAIN OF LAKES, LLC	

Principal Place of Business 9 MEADOWLAKE CIRCLE NORTH LAKE PLACID, FL 33852 US	Mailing Address 9 MEADOWLAKE CIRCLE NORTH LAKE PLACID, FL 33852 US
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60013475



2. Principal Place of Business - No P.O. Box # 4995 Savona Dr.	3. Mailing Address 4995 Savona Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02142008 Chg-LLC CR2E083 (12/06)

City & State Sebring, FL	City & State Sebring, FL
Zip 33872	Zip 33872
Country Highlands	Country Highlands

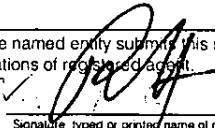
4. FEI Number 20-3624179	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BAGETIS, GREGG P 9 MEADOWLAKE CIRCLE NORTH LAKE PLACID, FL 33852	
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7. Name and Address of New Registered Agent	
Name Hornick, Raymond J.	
Street Address (P.O. Box Number is Not Acceptable) 4995 Savona Dr.	
City Sebring	FL
Zip Code 33872	

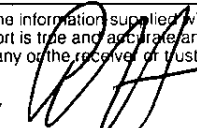
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 2/29/08
Raymond J. Hornick

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAGETIS, GREGG P 9 MEADOWLAKE CIRCLE NORTH LAKE PLACID, FL 33852 <input checked="" 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	MGRM HORNICK, RAYMOND J 4325 MENDAVIA DRIVE SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hornick, Raymond J. 4995 Savona Dr. Sebring, FL 33872 <input checked="" 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
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

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:  DATE 2/29/08 863-382-3352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #