
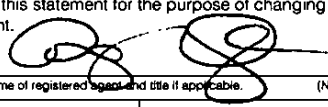
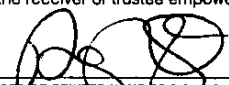


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90116 041 ****50.00

DOCUMENT # L05000101283 1. Entity Name LG LAKEWOOD RANCH LLC					
Principal Place of Business 5811 PELICAN BAY BLVD. SUITE 209 NAPLES, FL 34108			Mailing Address 5811 PELICAN BAY BLVD. SUITE 209 NAPLES, FL 34108		
2. Principal Place of Business - No P.O. Box # 2908 Indigobush Way		3. Mailing Address 3120 Blendon Rd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Naples FL		City & State Owings Mills MD		4. FEI Number 203652821 APPLIED FOR	
Zip 34105	Country USA	Zip 21117	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KORN, TYLER B ESQ 5811 PELICAN BAY BLVD. SUITE 209 NAPLES, FL 34108			7. Name and Address of New Registered Agent Name Roger Lipitz Street Address (P.O. Box Number is Not Acceptable) 2908 Indigobush Way City Naples FL Zip Code 34105		
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. Roger C Lipitz		DATE 4/3/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIPITZ, ROGER 2908 INDIGOBUSH WAY NAPLES, FL 34105	<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: 		Signature, typed or printed name of signing managing member, manager, or authorized representative Roger C Lipitz		Date 4/3/07	
Daytime Phone # 410-581-9629					