2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000104385

1. Entity Name
LAKE MCLEOD POINTE, L.L.C.



FILED Apr 14, 2008 08:00 A Secretary of State

Principal Place of Business

1420 S. FLORIDA AVE. LAKELAND, FL 33803 Mailing Address

1420 S. FLORIDA AVE. LAKELAND, FL 33803



02182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For 56-2538851 Not Applied be

5. Certificate of Status Desired Status Desired Fee Required

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MANAGING MEMBERS/MANAGERS

8. Name and Address of Current Registered Agent

HARPER, PAUL S 1420 S. FLORIDA AVE. LAKELAND, FL 33803

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The above named entity submits this statement for the purpose of chithe obligations of registered agent.	anging its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and tills if applicable	(NOTE Registered Agent signature required when reinstating)	U0000000000045 04/25/08-00133-002 1.38.75_

FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

THILE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARPER, PAUL S 1420 S. FLORIDA AVE. LAKELAND, FL 33803
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this filing does not qualify for the e

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 TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-9-08

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