

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104385

**FILED**  
**Feb 04, 2009**  
**Secretary of State**

**Entity Name:** LAKE MCLEOD POINTE, L.L.C.

**Current Principal Place of Business:**

1420 S. FLORIDA AVE.  
LAKELAND, FL 33803

**New Principal Place of Business:**

1420 S. FLORIDA AVE.  
LAKELAND, FL 33803 US

**Current Mailing Address:**

1420 S. FLORIDA AVE.  
LAKELAND, FL 33803

**New Mailing Address:**

1420 S. FLORIDA AVE.  
LAKELAND, FL 33803 US

**FEI Number:** 56-2538851

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

HARPER, PAUL S  
1420 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33803 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: P. SEAN HARPER

02/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HARPER, PAUL S  
Address: 1420 S. FLORIDA AVE.  
City-St-Zip: LAKELAND, FL 33803

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HARPER, PAUL S  
Address: 1420 S. FLORIDA AVE.  
City-St-Zip: LAKELAND, FL 33803 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 Statutes.

SIGNATURE: P. SEAN HARPER

MGRM

02/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date