

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107385

FILED
Jan 08, 2008
Secretary of State

Entity Name: LAKE ELLA DEVELOPERS I, LLC

Current Principal Place of Business:

232 MOHAWK ROAD
CLERMONT, FL 34715 US

New Principal Place of Business:

230 MOHAWK ROAD
CLERMONT, FL 34715 US

Current Mailing Address:

232 MOHAWK ROAD
CLERMONT, FL 34715

New Mailing Address:

230 MOHAWK ROAD
CLERMONT, FL 34715

FEI Number: 20-3749265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAKAR, ROBERT M
232 MOHAWK ROAD
CLERMONT, FL 34715 US

Name and Address of New Registered Agent:

SHAKAR, ROBERT M
230 MOHAWK ROAD
CLERMONT, FL 34715 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:

01/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHAKAR, ROBERT M
Address: 232 MOHAWK RD.
City-St-Zip: CLERMONT, FL 34715 US

Title: MGR () Delete
Name: ZAGAME, JOSEPH E SR
Address: 232 MOHAWK RD.
City-St-Zip: CLERMONT, FL 34715 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHAKAR, ROBERT M
Address: 230 MOHAWK RD.
City-St-Zip: CLERMONT, FL 34715 US

Title: MGR (X) Change () Addition
Name: ZAGAME, JOSEPH E SR
Address: 230 MOHAWK RD.
City-St-Zip: CLERMONT, FL 34715 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: ROBERT M. SHAKAR

MGR

01/08/2008

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