


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90419 026 *****55.00

DOCUMENT # L05000111077	
1. Entity Name LAKES CONSTRUCTION LLC	

Principal Place of Business 124 ABT MARTIN AVE DEFUNIAK SPRINGS FL 32433	Mailing Address 124 ABT MARTIN AVE DEFUNIAK SPRINGS FL 32433
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2. Principal Place of Business - No P.O. Box # 433 Wee Acres Rd. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 524 Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State Defuniak Springs, FL	City & State Mossy Head, FL
Zip 32433	Zip 32434
Country Walton	Country Walton

4. FEI Number 20-3796879	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LAKE, JOSEPH 124 ABT MARTIN AVE DEFUNIAK SPRINGS FL 32433	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAKE, JOSEPH 124 ABT MARTIN AVE DEFUNIAK SPRINGS FL 32433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	mGRM Lake, Joseph 433 Wee Acres Rd Defuniak Spring, FL 32433 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COGSWELL, DEBORAH 124 ABT MARTIN AVE DEFUNIAK SPRINGS FL 32-433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	mGRM cogswell, Deborah 433 Wee Acres Rd Defuniak Spring, FL 32433 <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
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 Section 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: Deborah Cogswell Deborah Cogswell 4/19/07 850 3051397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #