


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000112910 1. Entity Name LAKE CAMP, LLC	
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Principal Place of Business 240 FIELD END ST. SARASOTA, FL 34240 US	Mailing Address 240 FIELD END ST. SARASOTA, FL 34240 US
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 26-0129073	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent MILLIGAN, LEONARD W 240 FIELD END ST. SARASOTA, FL 34240

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLIGAN, LEONARD W 240 FIELD END ST. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLIGAN, TIMOTHY E 240 FIELD END ST. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLIGAN, KEVIN A 240 FIELD END ST. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<p>U000000691785 04/13/07-80023-024 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  **4/2/07 941-371-4221**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #