

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90139 025 \*\*\*138.75

**60019922**



01172008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000001963</b>	
1. Entity Name <b>LAKE SERPENTINE, LLC</b>	

Principal Place of Business <b>749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801</b>	Mailing Address <b>749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801</b>
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2. Principal Place of Business - No P.O. Box # <b>250 East Colonial Drive</b> Suite, Apt. #, etc. <b>Suite 300</b>	3. Mailing Address <b>250 East Colonial Drive</b> Suite, Apt. #, etc. <b>Suite 300</b>
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City & State <b>Orlando, Florida</b>	City & State <b>Orlando, Florida</b>
Zip <b>32801</b>	Zip <b>32801</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>34-2044167</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KINGMAN KEATING, JOHN 749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801</b>	
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7. Name and Address of New Registered Agent Name <b>John Kingman Keating</b> Street Address (P.O. Box Number is Not Acceptable) <b>250 East Colonial Drive, Suite 300</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32801</b>	
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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 <u><b>John Kingman Keating</b></u> <b>MAR 3 1 2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE	
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<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KINGMAN KEATING, JOHN 749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM John Kingman Keating 250 East Colonial Drive, Suite 300 Orlando, Florida 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSEN, OTTMAR W 1671 ASHLAND TRAIL OVIEDO, FL 32765 <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
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 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: <u><b>John Kingman Keating</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<b>MAR 3 1 2008</b> Date <b>407-425-2907</b> Daytime Phone #