2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 01, 2007 8:00 am Secretary of State

ANNUAL REPORT					Secretary or state			
DOCUMENT # L0600005730 1. Entity Name GEORGE LAKE BETTY, LLC						05-01-2007 9	90320 032 ***	*50.00
Principal Place of Business 13808 FAIRLANE COURT WEST PALM BEACH, FL 33414		Mailing Address 13808 FAIRLANE COURT WEST PALM BEACH, FL 33414		30009420				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202007	Chg-LLC	CR2E083 (12/0	3)	
City & State		City & State		4. FEI Numbe	168440		Applied For Not Applicable	
Zip Country		Zip Country				of Status Desired	S5.00 A	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Ro	egistered Agent	
13808 FAI	EORGE W RLANE COURT LM BEACH, FL 33414	Name Street Address		(P.O. Box Number is Not Acceptable)				
<u></u>				iity			FL Zip C	
6. The above named entity submits by 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 psychial name of registered again and title if apparable. (NOTE: Regulatered Again algorithms depended when remarkating) OATE								
Filing Fee is \$50.00 Due by May 1, 2007					1	+ Florida	chack payable to Department of St	1. 45
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Member 13808 fairiage ct West Milm Beach Pl	33/4/	TITLE NAME STREET ADI CITY-ST-2	I			☐ Chang	Addition
TITLE NAME STREET ADDRESS CATY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI CITY-ST-Z				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-Z	1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE HAME STREET ADI CITY-ST-Z	I		, -	☐ Changi	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADI CITY-ST-Z	1			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZEP		☐ Delete	TITLE NAME STREET AD CITY-ST-Z	ZIP	-		☐ Change	Addition
44 I horabu	cortify that the information supplied with	this lilies does not availe, for	****	lana santaisad i	- Chames 110 1	Desires Ossas as a 1 live		

1. I hereby certify that the information supplied on 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 of prostee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE: 4/2-0/2007 (561) 333- 3669
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGEMS MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DISC. Descrip Proces.