

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005787

FILED  
May 01, 2007  
Secretary of State

Entity Name: LAKE 44, LLC

**Current Principal Place of Business:**

1951 N.W. 19TH STREET, SUITE 200  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

1951 N.W. 19TH STREET, SUITE 200  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 20-4127396      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GERSON, GARY N  
1645 PALM BEACH LAKES BLVD., SUITE 1200  
WEST PALM BEACH, FL 33401      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: FALCON LAND & DEVELOPMENT LLC  
Address: 1951 NW 19TH STREET  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Change (X) Addition  
Name: EVASIUS, JOHN  
Address: 1951 NW 19TH STREET  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Change (X) Addition  
Name: ANTENUCCI, ALBO J JR  
Address: 1951 NW 19TH STREET  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Change (X) Addition  
Name: RABINOWITZ FAMILY LI, MITED PARTNERSHIP  
Address: 1951 NW 19TH STREET  
City-St-Zip: BOCA RATON, FL 33431

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: ARTHUR FALCONE

MGRM

05/01/2007

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