

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90227 007 \*\*\*138.75

|  |   |  |   |
|--|---|--|---|
| <b>DOCUMENT # L06000033921</b><br>1. Entity Name<br><b>LAKELAND R.E. PROPERTY LLC</b>  |   |  |   |
| Principal Place of Business<br><b>2546 12TH STREET<br/>SARASOTA, FL 34237</b>  |   | Mailing Address<br><b>2546 12TH STREET<br/>SARASOTA, FL 34237</b>  |   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>2032 ARLINGTON ST</b><br>Suite, Apt. #, etc.  |   |
| City & State   |   | City & State<br><b>SARASOTA, FL</b>  |   |
| Zip  | Country   | Zip<br><b>34239</b>  | Country<br><b>USA</b>   |
| 4. FEI Number<br><b>20-4623123</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$5.00</b> Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>JOHNSTON, WM D<br/>2032 ARLINGTON STREET<br/>SARASOTA, FL 34239</b>  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |
| 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: _____  |   |  |   |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$638.75</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   | <b>10. ADDITIONS/CHANGES</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>JOHNSTON, WILLIAM D<br/>2032 ARLINGTON STREET<br/>SARASOTA, FL 34239</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |  |   |
| <b>SIGNATURE:</b> <u>Wm D. Johnston</u>  |   | <b>4-10-2008</b>   | <b>941-365-9102</b>   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   | <small>Date</small>  | <small>Daytime Phone #</small>                                    |