

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036137

FILED  
Aug 31, 2007  
Secretary of State

Entity Name: LAKE REALTY BUSINESS LLC

**Current Principal Place of Business:**

5353 NW AKBAR TER  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

5353 NW AKBAR TER  
PORT SAINT LUCIE, FL 34986

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
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:**

ECHEGARAY, CARLOS E  
5353 NW AKBAR TER  
PORT SAINT LUCIE, FL 34986 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:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: PEÑA, CARLOS E  
Address: 5353 NW AKBAR TER  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: COLMENARES, MAGDA  
Address: 5353 NW AKBAR TER  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: PEÑA, JOHANNA  
Address: 5353 NW AKBAR TER  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: PEÑA, JOSELYN  
Address: 5353 NW AKBAR TER  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: PEÑA, JENNY  
Address: 5353 NW AKBAR TER  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: PEÑA, JESSIKA  
Address: 5353 NW AKBAR TER  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CARLOS ECHEGARAY

RE

08/31/2007

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