

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048355

Entity Name: MY LAKE HOUSE LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

143 N VERDI LANE
DE FUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

191 LAKEVIEW DRIVE
DE FUNIAK SPRINGS, FL 32433

New Mailing Address:

FEI Number: 20-4852098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUR, PAUL T
191 LAKEVIEW DRIVE
DE FUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: BAUR, PAUL T
Address: 191 LAKEVIEW DRIVE
City-St-Zip: DE FUNIAK SPRINGS, FL 32433

Title: MGRM () Delete
Name: BAUR, JULIE A
Address: 191 LAKEVIEW DRIVE
City-St-Zip: DE FUNIAK SPRINGS, FL 32433

Title: MGRM () Delete
Name: SCHROEDER, DANIEL M
Address: 391 BAY LEAF DRIVE
City-St-Zip: CHULA VISTA, CA 91910

Title: MGRM () Delete
Name: SCHROEDER, LINKA M
Address: 391 BAY LEAF DRIVE
City-St-Zip: CHULA VISTA, CA 91910

ADDITIONS/CHANGES:

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

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

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

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: PAUL T BAUR

RA

04/28/2009

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