

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90139 040 ***138.75



DOCUMENT # L06000053870
 1. Entity Name
SOUTH LAKE PARTY RENTAL, LLC

Principal Place of Business
**4611 U.S. 27 S
 SEBRING, FL 33870**

Mailing Address
**P.O. BOX 971
 SEBRING, FL 33871**

2. Principal Place of Business - No P.O. Box #
1527 N. Brevard Ave.

3. Mailing Address
1009 N. 14th St.

Suite, Apt. #, etc.

City & State
Arcadia, FL

City & State
Leesburg FL

Zip
34266

Country
USA

Zip
34748

Country
USA

01162008 Chg-LLC CR2E083 (12/06)



4. FEI Number
56-2588814

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**WOLLINKA, DAVID J
 2312 U.S. HIGHWAY 19
 HOLIDAY, FL 34691**

7. Name and Address of New Registered Agent
 Name
WOLLINKA, DAVID J
 Street Address (P.O. Box Number is Not Acceptable)
1835 Health Care Drive
 City
Trinity FL Zip Code
34655

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 DATE **1/30/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVIS, ROBERT D 1219 AYSHIRE STREET ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVIS, LARRY W JR. P.O. BOX 971 SEBRING, FL 33871 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: DATE: **1/22/08** DAYTIME PHONE #: **863-385-2239**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE