2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 22, 2007 8:00 am Secretary of State

DOCUI 1. Entity Name LAKE TYL			01-22-2007 90150 035 ****50.00							
Principal Place of Business Mailing Address 720 N. MAITLAND AVENUE 720 N. MAITLAND AVENUE				<u> </u>						
STE 105		720 N. MAITLAND AVENUE STE 105			60004590					
MAITLAND, F	L 32751	MAITLAND, FL 32751								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #. etc.			01162007	Chg-LLC	CR2E0	83 (12/06)		
City & State		City & State		· · · · -	4. FEI Numbe	20499	1678		olied For Applicable	
Zip	Country Zip Co		Coun	try	5. Certificate of Status Desired S5.00 Additional Fee Required					
······	6. Name and Address of Current R			Name	7. Name and Address of New Registered Agent					
BHAGGAN, JONATHAN										
720 N. MAITLAND AVENUE STE 105				Street Address (P.O. Box Number is Not Acceptable)						
MAITLAND	D, FL 32751									
				City FL 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										
Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	ling Fee is \$50.00 ue by May 1, 2007				Make check payable to Florida Department of State					
9.	MANAGING MEMBER	RS/MANAGERS	/MANAGERS 10.			ADDITIONS/CHANGES				
TITLE , . NAME	MGRM BHAGGAN, JONATHAN	IAN. JONATHAN						☐ Change	Addition Addition	
STREET ADDRESS	720 N. MAITLAND AVENUE	O N. MAITLAND AVENUE		et address						
CITY-ST-ZIP	MAITLAND, FL 32751			- ST-ZIP						
TITLE NAME	MGRM PEETUM, CHANDRAWATIE	☐ Delete 1. CHANDRAWATIE		: :	☐ Change ☐			☐ Addition		
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			-ST-ZIP							
TITLE NAME		☐ Delete	TITL	ſ				☐ Change	Addition	
STREET ADDRESS				ET ADDRESS					l	
CITY-ST-ZIP		u=,	CITY	-ST-ZIP						
TITLE NAME		☐ Delete	TITLI NAM					☐ Change	☐ Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP				· ,		
TITLE			TITL	ſ				☐ Change	Addition	
NAME STREET ADDRESS			NAM STRE	ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITL					☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM Stri	E ET ADDRESS					!	
CITY-ST-ZIP				-ST-ZIP						
11. I hereby certify that the information supplied with this filling 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.										