

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063499

Entity Name: LANE BROOKE, LLC

FILED  
Apr 03, 2008  
Secretary of State

**Current Principal Place of Business:**

1914 SOUTH SUNCOAST BLVD.  
HOMOSASSA, FL 34448 US

**New Principal Place of Business:**

**Current Mailing Address:**

503 NW 7TH AVE  
CRYSTAL RIVER, FL 34448 US

**New Mailing Address:**

503 NW 7TH AVE  
CRYSTAL RIVER, FL 34428 US

FEI Number: 51-0587679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BATSEL, ROBERT W  
2337 EAST SILVER SPRINGS BLVD.  
OCALA, FL 34470 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: FOSTER, E. L III  
Address: 503 NW 7TH AVE  
City-St-Zip: CRYSTAL RIVER, FL 34448 US

Title: MGRM ( ) Delete  
Name: FOSTER, PAMELA K  
Address: 503 NW 7TH AVE  
City-St-Zip: CRYSTAL RIVER, FL 34448

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FOSTER, E. L III  
Address: 503 NW 7TH AVE  
City-St-Zip: CRYSTAL RIVER, FL 34428 US

Title: MGRM (X) Change ( ) Addition  
Name: FOSTER, PAMELA K  
Address: 503 NW 7TH AVE  
City-St-Zip: CRYSTAL RIVER, FL 34428

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: E.L.FOSTER,III

MGRM

04/03/2008

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