


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

2/22

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90276 046 \*\*\*\*50.00

<b>DOCUMENT # L06000065569</b>			
1. Entity Name LYKE PROPERTIES, LLC			
Principal Place of Business 16521 SAN CARLOS BLVD. 103-C FORT MYERS, FL 33901 US 33908		Mailing Address 16521 SAN CARLOS BLVD. 103-C FORT MYERS, FL 33901 US 33908	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33908	Country	Zip 33908	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LYKE, THEODORE J 16521 SAN CARLOS BLVD. 103-C FORT MYERS, FL 33901 33908		Name Street Address (P.O. Box Number is Not Acceptable) 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 <i>Theodore J Lyke</i>		DATE Feb 19, 2007	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYKE, THEODORE J 16521 SAN CARLOS BLVD. FORT MYERS, FL 33931 <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 606, Florida Statutes.			
SIGNATURE: <i>Theodore J Lyke</i>		Date: 2/19/07	Daytime Phone #: 239 278 4997
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

30002636



02192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5121546 Applied For Not Applicable

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

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
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SIGNATURE: *Theodore J Lyke* Date: 2/19/07 Daytime Phone #: 239 278 4997

Issued EIN

Page 1 of 1

**ATTACHMENT**

300026314  
#1060000065569



**Internal Revenue Service**

The Digital Daily

DEPARTMENT OF THE TREASURY

**Federal Tax ID / EIN**

This is your provisional Employer Identification Number:

**20-5121646**

Today's Date is: June 28, 2006 GMT

You will receive a confirmation letter in U.S. mail within fifteen days. The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.



Click [here](#) to return to the Internet Employer Identification Number landing (start) page.