2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOCUMENT # L06000065569

1. Entity Name

LYKE PROPERTIES, LLC



US

FILED Apr 09, 2008 08:00 Al Secretary of State

Principal Place of Business

16521 SAN CARLOS BLVD.

103-C

FORT MYERS, FL 33908

Mailing Address

16521 SAN CARLOS BLVD.

103-C

FORT MYERS, FL 33908



03262008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5121546

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

	we named entity submits this statement for the purpose of cha gations of registered agent.	anging its registered office or registered agent, or both	, in the State of Florida. I an	n (amiliar with, and accept
SIGNATUR	F	.•		· ·
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	HOODINGSE M	<u> </u>
•	Signature, typed or printed figure or registered agent and the wappingable.	(to E. Hogarorou rigoric a grazione reduced missi romantarig)	1.11 (11,0,11,11,11,11,11,11,11,11,11,11,11,11	٠ .
	LE NOWI!! FEE IS \$138.75 ay 1, 2008 Fee will be \$538.75		04/22/08-80025	
	LE NOW!!! FEE IS \$138.75			

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAMÉ	LYKE, THEODORE J	
STREET ADDRESS	16521 SAN CARLOS BLVD.	
CITY-ST-ZIP	FORT MYERS, FL 33931	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		DO NOT WRITE
TITLE		
NAME		IN THIS SPACE
STREET ADDRESS		
CITY-SI-ZIP		
	· · · · · · · · · · · · · · · · · · ·	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP	•	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 end 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 polexecute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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