


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90040 028 ***143.75

DOCUMENT # L06000071142	
1. Entity Name LAKE WESTON, LLC	

Principal Place of Business 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751	Mailing Address 5405 DIPLOMAT CIR STE 510 ORLANDO, FL 32810
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60034873



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04292008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent	
CLAYTON, KENNETH M 1065 MAITLAND CENTER COMMONS BLVD. C/O CLAYTON INVESTMENTS MAITLAND, FL 32751	

7. Name and Address of New Registered Agent	
Name CLAYTON, KENNETH M	
Street Address (P.O. Box Number is Not Acceptable) 410 CLAYTON + McGILLOH	
City MAITLAND	
State FL	Zip Code 32757

4. FEI Number 20-5217399	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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 CLAYTON INVESTMENTS, LTD 5405 DIPLOMAT CIR STE 510 ORLANDO, FL 32810 <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:  **KENNETH M. CLAYTON,**
PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date **4/29/08** Daytime Phone # **(407) 505-2655**