

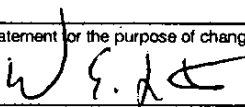
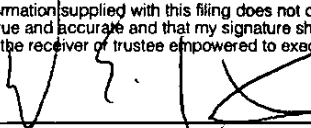


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90047 005 \*\*\*\*50.00

<b>DOCUMENT # L06000079962</b> 1. Entity Name <b>LANE INVESTMENT PROPERTIES LLC</b>					
Principal Place of Business <b>8860 GREY HAWK POINT ORLANDO, FL 32836</b>			Mailing Address <b>8860 GREY HAWK POINT ORLANDO, FL 32836</b>		
2. Principal Place of Business - No P.O. Box # <b>2813 Hiawassee Rd</b> Suite, Apt. #, etc. <b>Suite 302</b>		3. Mailing Address <b>2813 Hiawassee Rd</b> Suite, Apt. #, etc. <b>Suite 302</b>			
City & State <b>Orlando, Florida</b>		City & State <b>Orlando, FLA</b>		01042007 Chg-LLC CR2E083 (12/06)	
Zip <b>32835</b>		Country <b>U.S.A</b>		4. FEI Number <b>20-5377894</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410</b>			7. Name and Address of New Registered Agent Name <b>Edward E. Lane III</b> Street Address (P.O. Box Number is Not Acceptable) <b>2813 Hiawassee Rd, Suite 302</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32835</b>		
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  DATE <b>1/4/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LANE, EDWARD E III 8860 GREY HAWK POINT ORLANDO, FL 32836</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Lane, Edward E. III 2813 Hiawassee Rd, Suite 302 Orlando, FL 32835</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			Date <b>1/4/07</b> Daytime Phone # <b>407-370-4050</b>		