

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90225 035 \*\*\*138.75

**DOCUMENT # L06000084607**

1. Entity Name  
 LAKE HAMILTON INVESTMENT I, LLC



Principal Place of Business  
 250 AVENUE K, S.W., SUITE 100  
 WINTER HAVEN, FL 33880

Mailing Address  
 250 AVENUE K, S.W., SUITE 100  
 WINTER HAVEN, FL 33880

60020090



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04012008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number  
 20-5452366

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRINSON, J. KEMP  
 255 MAGNOLIA AVE., S.W.  
 WINTER HAVEN, FL 33880

Name *Straugh & Turner, P.A.*  
 Street Address (P.O. Box Number is Not Acceptable)  
*same*  
 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 *[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/2/08  
 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	MGR ADAMS, ROBERT J 3020 SOUTH FLORIDA AVENUE, SUITE 101 WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASSIDY, ALBERT B 250 AVENUE K, S.W., SUITE 100 WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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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.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/2/08 863-324-3698  
 Date Daytime Phone #