

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000095548**

1. Entity Name  
**LAKE BENNETT VILLAGE, LLC**



Principal Place of Business

132 WEST PLANT ST  
 SUITE 200  
 WINTER GARDEN, FL 34787

Mailing Address

PO BOX 770609  
 WINTER GARDEN, FL 34777



03202008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-8356890

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SHARP, DUDLEY Q JR.  
 369 N. NEW YORK AVENUE, 3RD FLOOR  
 WINTER PARK, FL 32789

**DO NOT WRITE  
 IN THIS SPACE**

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**

U00000875521  
 04/11/08-80037-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JUNE, ROHLAND A II
STREET ADDRESS	PO BOX 770609
CITY-ST-ZIP	WINTER GARDEN, FL 34777
TITLE	MGRM
NAME	HAWTHORNE, CHARLES E
STREET ADDRESS	PO BOX 289
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

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:** \_\_\_\_\_

Rohland A June 3/28/08 407-905-8110

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

Date

Daytime Phone #