


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

04-09-2007 90343 022 *****50.00

106000098043

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 18 AM 6:40

DOCUMENT # L06000098043	
1. Entity Name LAKE COUNTY LAND TRUST LLC.	

Principal Place of Business 1015 SOUTH DILLARD ST. WINTER GARDEN FL 34787	Mailing Address PO BOX 783636 WINTER GARDEN FL 34778-3636
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

6. Name and Address of Current Registered Agent GRAYROBINSON, P.A. 301 EAST PINE STREET STE 1400 ORLANDO FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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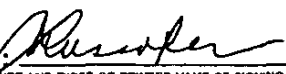
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when necessary) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MR MIKE CLIFFORD 1015 SOUTH DILLARD ST. WINTER GARDEN FL, 34787	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 Section 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 	03/25/07 4076167757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE