2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000098043 1. Entity Name LAKE COUNTY LAND TRUST LLC.				SECRETARY OF STATE DIVISION OF CORPORATIONS 97 APR 18 AM 6: 40
Principal Place of Business Mailing Address				
1015 SOUTH DILLARD ST. P		PO BOX 783636 WINTER GARDEN FL 34778-3636		
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		1st MOORE CR2E083 (10/06)
City & State		City & State		4. FEI Number Applied For Not Applied For
Zip	Country	Zip	Country	Cortificate of Status Desired S. Cortificate of Status Desired Fee Required
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent
			Namo	
GRAYROBINSON, P.A. 301 EAST PINE STREET STE 1400 ORLANDO FL 32801			ss (P.O. Box Number is Not Acceptable)	
	3		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, typod or priviled name of registered agent and tife if applicable. (NOTE Registered Agent agreement required which recovered which recovered which recovered to the contract of the contr				
FILE NOW!!! FEE IS \$50.00				
		Make Check Payable		
			By May 1, 2007	
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES
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NAME	MIKE CLIFTORD	100 ST.	NAMÉ	
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-21P	
	certify that the information supplied wit	h this filing does not qualify fo		ained in Soction 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 eath; 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.				

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