

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098043

FILED
Aug 31, 2009
Secretary of State

Entity Name: LAKE COUNTY LAND TRUST LLC.

Current Principal Place of Business:

1015 SOUTH DILLARD ST.
WINTER GARDEN, FL 34787

New Principal Place of Business:

4127 NORTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804

Current Mailing Address:

PO BOX 783636
WINTER GARDEN, FL 347783636

New Mailing Address:

FEI Number: 77-0682505 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GRAYROBINSON, P.A.
301 EAST PINE STREET STE 1400
ORLANDO, FL 32801 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLIFFORD, MIKE
Address: 4127 NORTH ORANGE BLOSSOM DRIVE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NASSOFER, LORRIE
Address: 4127 NORTH ORANGE BLOSSOM DRIVE
City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LORRIE NASSOFER

MGR

08/31/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date