


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90017 041 ***138.75

DOCUMENT # L06000103828

1. Entity Name
 216 LAKE HARRIS, LLC



Principal Place of Business
 5120 SOUTH FLORIDA AVE., SUITE 318
 LAKELAND, FL 33813

Mailing Address
 P.O. BOX 5078
 LAKELAND, FL 33807

50006360



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

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

03052008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number
 20-8181647

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

CHRITTON, CHARLES P
 C/O WENDEL & CHRITTON, CHARTERED
 225 EAST LEMON STREET, SUITE 351
 LAKELAND, FL 33801

7. Name and Address of New Registered Agent

Name
 Albert G. Wendel

Street Address (P.O. Box Number is Not Acceptable)
 5120 S. Florida Ave.

Suite 318

City
 Lakeland FL Zip Code
 33813

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  Albert G. Wendel DATE 5/1/08

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WENDEL, MARY E TRUSTEE <input type="checkbox"/> Delete 5120 SOUTH FLORIDA AVE., SUITE 318 LAKELAND, FL 33813 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| 10. ADDITIONS/CHANGES | |
|------------------------------------------------|-------------------------------------------------------------------|
| 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:  ALBERT G. WENDEL 5/1/08 863/648-9626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #