


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90067 009 \*\*\*143.75

<b>DOCUMENT # L06000113297</b>		
1. Entity Name <b>LAKE LUCERNE INVESTMENTS, LLC</b>		

Principal Place of Business <b>1551 VIA TUSCANY WINTER PARK, FL 32789</b>	Mailing Address <b>1551 VIA TUSCANY WINTER PARK, FL 32789</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	City & State  Zip
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60003100



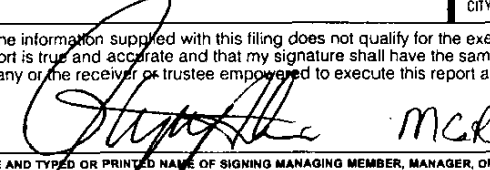
01172008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent  <b>HILMER, WAYNE J 1551 VIA TUSCANY WINTER PARK, FL 32789</b>		7. Name and Address of New Registered Agent Name <b>JILL M. JENKINS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1551 VIA TUSCANY</b> City <b>WINTER PARK</b> FL Zip Code <b>32789</b>	
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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  DATE <b>1/27/08</b>	
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<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILMER, WAYNE J 1551 VIA TUSCANY WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JENKINS, JILL 1551 VIA TUSCANY WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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:  MGR	Date <b>1/24/08</b> Daytime Phone # <b>305-299-9768</b>