

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

03-23-2007 90171 006 ****50.00

DOCUMENT # L06000113391 1. Entity Name LAKEVIEW PARTNERS, LLC					
Principal Place of Business 1531 LAKEVIEW DRIVE SEBRING FL 33870 US			Mailing Address 1531 LAKEVIEW DRIVE SEBRING FL 33870 US		
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		4. FEI Number EIN 20-8098685	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
5. Name and Address of Current Registered Agent STEPHENS, M E IV 1531 LAKEVIEW DRIVE SEBRING FL 33870				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when registering) 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	MGRM STEPHENS, M E IV 1531 LAKEVIEW DRIVE SEBRING FL 33870	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: <i>M P Stephens IV</i> SIGNATURE AND TYPE OF OFFICIAL NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				03/09/2007 863-381-8229 Date Daytime Phone #	