

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118426

FILED
May 11, 2007
Secretary of State

Entity Name: ARBOR LAKE, LLC

Current Principal Place of Business:

36008 EMERALD COAST PARKWAY
301
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

36008 EMERALD COAST PARKWAY
301
DESTIN, FL 32541

New Mailing Address:

FEI Number: 20-8025253 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:

RICHARD S. JOHNSON, P.A.
36008 EMERALD COAST PARKWAY
301
DESTIN, FL 32541 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: MGRM () Delete
Name: JP ARBOR LAKE, LLC,
Address: 36008 EMERALD COAST PARKWAY, SUITE 301
City-St-Zip: DESTIN, FL 32541 US

Title: MGRM () Delete
Name: DAVID HARRIS PROPERT, IES, LLC
Address: 243 SOUTH PERKINS STREET
City-St-Zip: RIDGELAND, MS 39157 US

Title: MGRM () Delete
Name: WHITE, FRANK, RICHARD
Address: 1385 INDUSTRIAL DRIVE
City-St-Zip: BOLTON, MS 39041 US

Title: MGRM () Delete
Name: AMFED NATIONAL INSUR, ANCE COMPANY
Address: 576 HIGHLAND COLONY PARKWAY, SUITE 300
City-St-Zip: RIDGELAND, MS 39158 US

Title: MGRM () Delete
Name: LYLE, JOHN L
Address: 209 PARK COURT
City-St-Zip: RIDGELAND, MS 39157 US

Title: MGRM () Delete
Name: TRAVIS PROPERTIES, L, LC
Address: POST OFFICE BOX 3015
City-St-Zip: RIDGELAND, MS 39158 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD S. JOHNSON

MGRM

05/11/2007

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