

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118426

FILED  
Jan 15, 2008  
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 ( )

**Name and Address of Current Registered Agent:**

RICHARD S. JOHNSON, P.A.  
36008 EMERALD COAST PARKWAY  
301  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

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  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
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: HARRIS, DAVID

MGRM

01/15/2008

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