

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118426

Entity Name: ARBOR LAKE, LLC

FILED  
Apr 19, 2011  
Secretary of State

**Current Principal Place of Business:**

107 N. PARTIN DR  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

107 N. PARTIN DR  
NICEVILLE, FL 32578

**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.  
107 N. PARTIN DR  
NICEVILLE, FL 32578 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  
Name: JP ARBOR LAKE, LLC  
Address: 36008 EMERALD COAST PARKWAY, SUITE 301  
City-St-Zip: DESTIN, FL 32541 US

Title: MGRM  
Name: DAVID HARRIS PROPERTIES, LLC  
Address: 243 SOUTH PERKINS STREET  
City-St-Zip: RIDGELAND, MS 39157 US

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

Title: MGRM  
Name: AMFED NATIONAL INSURANCE COMPANY  
Address: 576 HIGHLAND COLONY PARKWAY, SUITE 300  
City-St-Zip: RIDGELAND, MS 39158 US

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

Title: MGRM  
Name: TRAVIS PROPERTIES, LLC  
Address: POST OFFICE BOX 3015  
City-St-Zip: RIDGELAND, MS 39158 US

I hereby 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: DAVID R. HARRIS

MANG

04/19/2011

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