

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L06000120929

1. Entity Name
LAKE EMMA ROAD, LLC



Principal Place of Business
**2701 MAITLAND CENTER PARKWAY, SUITE 225
MAITLAND, FL 32751**

Mailing Address
**2701 MAITLAND CENTER PARKWAY, SUITE 225
MAITLAND, FL 32751**



03052008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8079207

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEIN, CLIFFORD L
2701 MAITLAND CENTER PARKWAY, SUITE 225
MAITLAND, FL 32751**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
STEIN, CLIFFORD L
2701 MAITLAND CNTR PARKWAY, STE 225
MAITLAND, FL 32751**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BERMAN, REID S
2701 MAITLAND CNTR PKWY STE 225
MAITLAND, FL 32751**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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UD00000861947
04/03/08-80029-014 143.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/13/08 (407) 659-0120