

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L06000122122

1. Entity Name  
LAZY MEADOW LANE LLC



**FILED  
Apr 25, 2007 8:00 am  
Secretary of State**

04-25-2007 90038 034 \*\*\*\*50.00

Principal Place of Business  
481 NEWHEARTH CIRCLE  
WINTER GARDEN, FL 34787

Mailing Address  
481 NEWHEARTH CIRCLE  
WINTER GARDEN, FL 34787

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SORENSEN, JOHN R  
481 NEWHEARTH CIRCLE  
WINTER GARDEN, FL 34787

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

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

(NOTE: Registered Agent signature required when restating)

DATE

**Filing Fee Is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE: MGR  
NAME: SORENSEN, JOHN R  
STREET ADDRESS: 481 NEWHEARTH CIRCLE  
CITY-ST-ZIP: WINTER GARDEN, FL 34787

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE: MGR  
NAME: SORENSEN, ANGELA M  
STREET ADDRESS: 481 NEWHEARTH CIRCLE  
CITY-ST-ZIP: WINTER GARDEN, FL 34787

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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 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: *John R. Sorense*

JOHN R. SORSENSEN 4-22-07

4/07-375-5744

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

Date

Daytime Phone #