

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90037 050 \*\*\*138.75

**DOCUMENT # L07000000202**

1. Entity Name  
**LAWNELAKE VILLAGE, LLC**



Principal Place of Business      Mailing Address  
**2235 MERCATOR DRIVE**      **2235 MERCATOR DRIVE**  
**ORLANDO, FL 32807 US**      **ORLANDO, FL 32807 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01182008    Chg-LLC    CR2E083 (12/06)

4. FEI Number  
**20-8834797**      Applied For  
 Not Applicable

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



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

**KILLGORE, FRANK H JR,**  
**2 SOUTH ORANGE AVE**  
**5TH FLOOR**  
**ORLANDO, FL 32801**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BLANTON, STEVE	
STREET ADDRESS	2235 MERCATOR DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	RICHARD HAINES	
STREET ADDRESS	2235 MERCATOR DR	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	FRANK KILLGORE, JR	
STREET ADDRESS	2 S. ORANGE AVE. 5TH FL.	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	CRAIG PEARLMAN	
STREET ADDRESS	2 S. ORANGE AVE. 5TH FL	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** \_\_\_\_\_ **2/12/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #