

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90115 018 ***138.75

DOCUMENT # L07000035614

1. Entity Name

LAKE JOSEPHINE, LLC



Principal Place of Business

29605 U.S. HIGHWAY 19, STE 130
CLEARWATER FL 33761

Mailing Address

29605 U.S. HIGHWAY 19, STE 130
CLEARWATER FL 33761



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

4. FEI Number

20-8798665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

REIFF, ANDREW L
135 WEST CENTRAL BOULEVARD, STE 730
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

Signature, typed or printed name of registered agent and the fee applicable

(NOTE: Registered Agent signature required when reinstating)

Date

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

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
EVANS, CHARLES H
STREET ADDRESS
29605 U.S. HIGHWAY 19, STE 130
CITY-ST-ZIP
CLEARWATER FL 33761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

AMOUNT TO PAY:
APPROVED BY: _____ ☐ Change ☐ Addition
ACCOUNT #: _____
DATE PAID: 4/11/08 ☐ Change ☐ Addition
CHECK #: 1331

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

James E. Dease TZEASE CONTROLLER 3/28/08 727-785-2460

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

Date

Daytime Phone #