

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90268 034 ***138.75

DOCUMENT # L07000046991

1. Entity Name
LAKES & STREAMS OF GRAY, LLC



Principal Place of Business
**1028 LAKE SUMTER LANDING
THE VILLAGES, FL 32162**

Mailing Address
**P.O. BOX 1299
THE VILLAGES, FL 32158**

60014417



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

129 LAKESHORE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

129 LAKESHORE DRIVE

Suite, Apt. #, etc.

03062008 Chg-LLC CR2E083 (12/06)

City & State

LEESBURG, FL

City & State

LEESBURG, FL

4. FEI Number

20-8965064

Applied For

☐ Not Applicable

Zip

34748

Country

USA

Zip

34748

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURNSED, R. DEWEY
1028 LAKE SUMTER LANDING
THE VILLAGES, FL 32162**

7. Name and Address of New Registered Agent

Name

Paul Buchanan

Street Address (P.O. Box Number is Not Acceptable)

129 LAKESHORE DRIVE

City

LEESBURG

FL

Zip Code

34748

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

Paul M. Buchanan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/08

**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** ☐ Delete
NAME **BUCHANAN, PAUL M**
STREET ADDRESS **129 LAKESHORE DRIVE**
CITY-ST-ZIP **LEESBURG, FL 34748**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Paul M. Buchanan

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

Date

3/10/08

Daytime Phone #

352-360-0333