2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059429

Entity Name: LAKE COMPUTER SOLUTIONS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1233 FAIRGREEN CT. CLERMONT, FL 34711	

Current Mailing Address:	**New Mailing Address:**
1233 FAIRGREEN CT. CLERMONT, FL 34711	

FEI Number: 26-0200162   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MOYER, KRISTOPHER M 843 PARK VALLEY CIRCLE MINNEOLA, FL 34715 US	REBELO, FRANCISCO M 1233 FAIRGREEN CT. CLERMONT, FL 34711 US

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.

SIGNATURE: FRANCISCO M. REBELO   03/10/2008
_____   _____
                Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	FULLAS, MATTHEW C	Name:	
Address:	843 PARK VALLEY CIRCLE	Address:	
City-St-Zip:	MINNEOLA, FL 34715	City-St-Zip:	

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	REBELO, FRANCISCO	Name:	
Address:	1233 FAIRGREEN CT.	Address:	
City-St-Zip:	CLERMONT, FL 34711	City-St-Zip:	

Title:	MGRM (X) Delete	Title:	( ) Change ( ) Addition
Name:	MOYER, KRISTOPHER M	Name:	
Address:	843 PARK VALLEY CIRCLE	Address:	
City-St-Zip:	MINNEOLA, FL 34715	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRANCISCO M. REBELO   MGRM   03/10/2008
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date