

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90155 002 \*\*\*138.75

**DOCUMENT # L07000123431**

1. Entity Name  
**LAKE PICKETT #1, LLC**



Principal Place of Business  
**110 EAST BROADWAY AVENUE, SUITE A  
OVIEDO, FL 32765**

Mailing Address  
**110 EAST BROADWAY AVENUE, SUITE A  
OVIEDO, FL 32765**

**50004649**



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

3. Mailing Address

**PO Box 620460**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142008

Chg-LLC

CR2E083 (12/06)

City & State

City & State

**OVIEDO, FL**

4. FEI Number

**59-6060269**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32762**

**USA**

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOWMAN, WILLIAM R JR ESQ.  
SHUFFIELD, LOWMAN & WILSON, P.A.  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801**

Name

**CHARLES W. EVANS**

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

**110 E. BROADWAY AVE SUITE A**

City

**OVIEDO**

**FL**

Zip Code

**32765**

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

**CHARLES W. EVANS**

**2-19-08**

(Signature, typed or printed name of registered agent and title if 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  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
EVANS GROVES, INC.  
110 EAST BROADWAY AVENUE, SUITE A  
OVIEDO, FL 32765** ☐ Delete

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

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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

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

Date

Daytime Phone #

**2/15/08 407-365-6631**