2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# L07000126164

Entity Name: LAKE WALES PROPERTIES, LLC

Current Principal Place of Business:

500 SOUTH FLORIDA AVENUE
SUITE 700
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

500 SOUTH FLORIDA AVENUE
SUITE 700
LAKELAND, FL 33801 US

New Mailing Address:

1800 N. WABASH
SUITE 300
MARION, IN 46952 US

FEI Number: 26-2891410 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEE, JIM D
500 S FLORIDA VE
SUITE 700
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	PST	( ) Delete
Name:	MAXWELL, LAWRENCE W	
Address:	500 SOUTH FLORIDA AVENUE	
City-St-Zip:	LAKELAND, FL 33801 US	
Title:	VP	( ) Delete
Name:	LEE, JIM D	
Address:	500 S FLORIDA AVE STE 700	
City-St-Zip:	LAKELAND, FL 33801	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	OTT, GARY L	
Address:	1800 N WABASH STE 300	
City-St-Zip:	MARION, IN 46952 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	( ) Change (X) Addition
Name:	MAXWELL, LAWRENCE W	
Address:	500 S FLORIDA AVE STE 700	
City-St-Zip:	LAKELAND, FL 33801	
Title:	ST	( ) Change (X) Addition
Name:	OTT, DWIGHT A	
Address:	1800 N WABASH STE 300	
City-St-Zip:	MARION, IN 46952	

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: GARY L OTT MGRM 03/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date