

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090303

FILED  
May 02, 2010  
Secretary of State

**Entity Name:** LAKE WASHINGTON MITIGATION BANK, LLC

**Current Principal Place of Business:**

1245 W. FAIRBANKS AVENUE, SUITE 301  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1245 W. FAIRBANKS AVENUE, SUITE 301  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 26-4766051      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DEAN MEAD SERVICES, LLC  
800 NORTH MAGNOLIA AVE., SUITE 1500  
ORLANDO, FL 32803 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SPILLANE, JACK E  
Address: 1245 W. FAIRBANKS AVE., SUITE 301  
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM  
Name: KOSC, MONIKA  
Address: 1245 W. FAIRBANKS AVE. SUITE 301  
City-St-Zip: WINTER PARK, FL 32789

I hereby 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: MONIKA KOSC

MGRM

05/02/2010

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