


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY -7 PM 3:50	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company LAKE LANDS LIMITED, L.C. 5023 C.R. #125 WILDWOOD FL 34785		DOCUMENT # L94000000548		1a. Principal Place of Business Address 5023 C.R. #125 WILDWOOD FL 34785	
2. Principal Place of Business 5117 BANANA PT DR Suite, Apt. #, etc.		2a. Mailing Address 5117 BANANA PT DR Suite, Apt. #, etc.		3. Date Organized or Qualified 10/13/1994	
City & State OKAHUMPKA FL		City & State OKAHUMPKA FL		3a. State of Formation FL	
Zip 34762		Zip 34762		4. FEI Number 59-3296127	
Country USA		Country USA		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent MATHIAS, WILLIAM JOHN 5117 BANANA POINT OKAHUMPKA FL 34762		5. Date of Last Report 06/02/1997		6. Certificate of Status Desired <input checked="" type="checkbox"/> Additional Fee Required	
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL		Zip Code 34762			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning) DATE _____					
10. Title Managing Members/Managers		Business Street Address		City, State and Zip Code	
MNGR MATHIAS, WILLIAM JOHN		5117 BANANA POINT		OKAHUMPKA FL	
MNGR MACAIONE, KENNETH A		9409 RAVEN DELL STREET		ORLANDO FL	
				200002519602--1 -05/12/98--01018--001 ****188.75 ****188.75	

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

05-01-98