

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L96000001329

1. Entity Name
LAKE CAMILLE PLAZA LIMITED COMPANY



Principal Place of Business
**4155 DINGMAN DRIVE
SANIBEL, FL 33957**

Mailing Address
**P.O. BOX 1671
SANIBEL, FL 33957**

DO NOT WRITE IN THIS SPACE



08062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0668565

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JANIKULA, DUANE
4155 DINGMAN DRIVE
SANIBEL, FL 33957**

**DO NOT WRITE
IN THIS SPACE**

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 Duane Janikula Duane Janikula 8 Aug 05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JANIKULA, DUANE 4155 DINGMAN DRIVE SANIBEL, FL 33957
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Duane Janikula 8 Aug 05 239.472-4627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #