2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# L98000000855

Entity Name: LOST LAKE RESERVE, L.C.

Current Principal Place of Business:

21299 US HWY 27
LAKE WALES, FL 33859

New Principal Place of Business:

Current Mailing Address:

PO BOX 3737
LAKE WALES, FL 33859

New Mailing Address:

P.O. BOX 3737
LAKE WALES, FL 33859

FEI Number: 59-3517222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, DAVID A
21299 US HWY 27
LAKE WALES, FL 33859 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: MGR ( ) Delete
Name: LATT MAXCY CORPORATI, ON
Address: 21299 US HWY 27
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: F. HOOD CRADDOCK P 01/21/2009

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