

2nd and. File on or before Sept. 29, 1999 or Limited Liability Company  
**FINAL NOTICE:** will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

SEP 15 AM 8:30

SUBMITTED

<b>FILING FEE</b> <b>\$ 588.75</b>	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  <b>LAKE ALFRED DEVELOPMENT, LLC</b> <b>130 HAINES BLVD. EAST</b> <b>LAKE ALFRED FL 33850</b>  <i>P.O. Box 1178</i>	<b>DOCUMENT #</b> L99000000006
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1a. Principal Place of Business Address  <b>130 HAINES BLVD. EAST</b> <b>LAKE ALFRED FL 33850</b>  <i>P.O. Box 1178</i>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip
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3. Date Organized or Qualified <b>12/30/1998</b>	3a. State of Formation <b>FL</b>
4. FEI Number <b>59 355 3502</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  <b>DELAFLANE, CHANNING L</b> <b>130 HAINES BLVD. EAST</b> <b>LAKE ALFRED FL 33850</b>
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8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City <b>FL</b> Zip Code
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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 Channing L Delaplane DATE 8-8-99  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	DELAFLANE, CHANNING L	2841 THORNHILL RD.	WINTER HAVEN FL
MGR	DELAFLANE, RUTH G	2841 THORNHILL RD.	WINTER HAVEN FL
MGR	CRIDER, BENJAMIN C	635 AVE. H, N.E.	WINTER HAVEN FL

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-08/25/99-01066--002  
\*\*\*\*188.00 \*\*\*\*188.00

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Channing L Delaplane 8-8-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

(2)

Aug 11, 1999

FILED

02 AUG 16 AM 8:30

SECRETARY OF STATE

FLORIDA DEPARTMENT OF STATE  
REGISTRATION SECTION  
TALLAHASSEE, FL 32314

GENTLEMEN:

I MOVED TO OLOSMAN, FLORIDA FOR HEALTH  
REASONS, LAST WINTER

I NEVER RECEIVED A NOTICE FOR AN ADULT RENEWAL  
AND ASSUMED THAT IT WAS PAID WHEN WE PURCHASED THE  
ASSETS OF LAKE NICHOLS RENEWAL.

ENCLOSURE IS THE SECOND NOTICE WHICH I FOUND IN THE  
OFFICE WHEN I RETURNED LAST WEEK FROM OLOSMAN.  
AND A CHECK FOR \$185.00.

PLEASE ADVISE ME IF YOU NEED ANY FURTHER  
INFORMATION.

C. L. E. Maylan

30 E. HIGHWAY

OLOSMAN, FL 324677

TEL 727-771-9264