2006 TIMITED LIABILITY COMPANY

2006 TIMITED LIABILITY COMPANY ANNUAL REPORT (AR)				FILEDAN 1 7 2006 Jan 31, 2006 08:00 AM	
DOCUMENT # L9900007394 1. Entity Name				Secretary of State	
LAKESIL	VER, L.L.C.				
Principal Pla	ce of Business	Mailing Address			
420 EAST PINE		P.O. BOX 727	_		
CHESIVIEV	V FL 32539	CRESTVIEW FL 3253	6		
Principal Place of Business		3. Mailing Address			
Suite, Apt. #, eta.		Suite, Apt. II, etc.		1st MOORE CR2E	083 (10/05)
City & State		City & State		4. FEI Number 59-3622872	Applied For Not Applicat
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registe	
100.0			Name		
KNOPES, MARTIN 420 EAST PINE			Street Address	(P.O. Box Number is Not Acceptable)	
Chi	ESTVIEW FL 32439				
			City		FL ZipCode 34
8. The above	e named entity submits this statemen	it for the purpose of changing it	s registered office or registi	ered agent, or both, in the State of Florida.	am familiar with, and accep
SIGNATURE	Signature, typing at giffined mappe of registered as	<u> </u>	TE. Registered Agent signature requir	1/3	ob
		FILE N	OW!!! FEE IS \$50.00	ক্ষমিলার বিশ্ব	-
			ole to Florida Departme ie By May 1, 2006	ent of State	
9.	MANAGING MEN	IBERS/MANAGERS	1 10.	ADDITIONS/CHAN	SEQ
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NAME.	KNOPES, T. MARTIN		NAME	CONTRACT TO THE	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 impowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-SI-ZIP

SIGNATURE:

CITY-ST-ZIP

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