

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 09, 2006 8:00 am**  
**Secretary of State**

08-09-2006 90094 034 \*\*\*\*50.00

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # M02000003471</b>  |  |  |  |   |  |
| <b>1. Entry Name</b><br>LAKE COUNTY LLC   |  |  |  |   |  |
| <b>Principal Place of Business</b><br>7 PENN PLAZA, SUITE 618<br>NEW YORK, NY 10001   |  |  | <b>Mailing Address</b><br>7 PENN PLAZA, SUITE 618<br>NEW YORK, NY 10001    |   |  |
| <b>2. Principal Place of Business</b>   |  |  | <b>3. Mailing Address</b>  |   |  |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc.  |   |  |
| City & State  |  |  | City & State   |   |  |
| Zip   |  | Country  |  | Zip   |  |
| Country   |  | Country  |  | 07102006    Chg-LLC    CR2E083 (11/05)                            |  |
| <b>4. FEI Number</b><br>42-6632022  |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable            |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |  |  | <b>\$5.00 Additional Fee Required</b>                             |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |  | <b>7. Name and Address of New Registered Agent</b>                         |   |  |
| Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City         |   |  |
| State   |  |  | State  |   |  |
| Zip   |  |  | Zip  |   |  |
| City & State<br>WESTON, FL 33331  |  |  | City & State<br>FL    Zip Code   |   |  |
| <b>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.</b>  |  |  |  |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |  |  |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by September 6, 2006</b>   |  | <b>Make check payable to</b><br><b>Florida Department of State</b> |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | MGRM<br>THE GERTRUDE FEIL MARITAL TRUST<br>7 PENN PLAZA, SUITE 618<br>NEW YORK, NY 10001 |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete  |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete  |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
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| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowered to execute this report as required by Chapter 608, Florida Statutes.</b> |  |  |  |   |  |
| <b>SIGNATURE:</b> _____   |  |  | Jeffrey J. Feil    7/10/06 212-563-6557                                    |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |  | <small>Date    Daytime Phone #</small>                                     |   |  |