
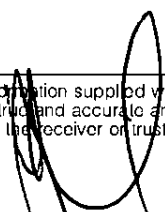


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # M02000003471 1. Entity Name LAKE COUNTY LLC					
Principal Place of Business 7 PENN PLAZA, SUITE 618 NEW YORK NY 10001			Mailing Address 7 PENN PLAZA, SUITE 618 NEW YORK NY 10001		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc		3. Mailing Address Suite, Apt. #, etc			
City & State Zip Country		City & State Zip Country		4. FEI Number 42-6632022 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM THE GERTRUDE FEIL MARITAL TRUST 7 PENN PLAZA, SUITE 618 NEW YORK NY 10001	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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 empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  Jeffrey J. Feil, Managing Member 4/5/07					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



1st MOORE CR2E083 (10/06)

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

☐ Change ☐ Addition
 000000698373
 04/18/07-80078-018 50.00

812-
563-6557