

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90201 008 ****50.00

DOCUMENT # M04000004603
 1. Entity Name
LAKE SUCCESS INVESTMENTS, LLC



Principal Place of Business Mailing Address
640 GRISWOLD NORTHVILLE MI 48167 **640 GRISWOLD NORTHVILLE MI 48167**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number **20-1626562** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
RHODES, PAULA M
140 WEST DAVIS BLVD.
TAMPA FL 33606

7. Name and Address of New Registered Agent
 Name **Charlene Carpenter**
 Street Address (P.O. Box Number is Not Acceptable) **880 Carillon Pkwy, Apt 20485**
 City **St. Petersburg** **FL** Zip Code **33716**

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 **Charlene Carpenter** **Charlene Carpenter** **2/9/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM TOMTISHEN, BRAD M 640 GRISWOLD NORTHVILLE MI 48167 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM NUYEN, JOSEPH G JR 640 GRISWOLD NORTHVILLE MI 48167 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM POLIZZI, ANGELO 4047 CRANBROOK CT. BLOOMFIELD MI 48301 <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

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Joseph G Nuyen, Jr** **2-7-2007** **248-449-2700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #