**FILED**
**Apr 18, 2008 8:00 am**
**Secretary of State**
02-21-2008 90064 039 ***138.75

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

DOCUMENT # M05000001516

1. Entity Name

LAKE WALES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 308 WEST KINNEAR PLACE<br>SEATTLE WA 98119 | 308 WEST KINNEAR PLACE<br>SEATTLE WA 98119 |

1st MOORE CR2E083 (10/07)

| 2. Principal Place of Business – No P.O. Box # | 3. Mailing Address |
|---|---|
| 4633 Island Crest Way | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Mercer Island, WA | City & State |
| Zip: 98040 Country: King | Zip Country |

4. FEI Number: 20-2341418 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| Capital Connection, Inc<br>417 E. Virginia St.<br>Ste #1<br>Tallahassee, FL 32301-1283 | Name: Yvonne<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (ENTITY Registered Agent's signature required on name change) DATE

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008, Fee Will Be $538.75**
**Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>ANDERSON, RICHARD B<br>308 WEST KINNEAR PLACE<br>SEATTLE WA 98119 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>ANDERSON, LEANNA M<br>308 WEST KINNEAR PLACE<br>SEATTLE WA 98119 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Yvonne Anderson MGR<br>4633 Island Crest Way<br>Mercer Island, WA. 98040 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** Yvonne Anderson Managing Partner 2/9/08 (206) 232-9392

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #