


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90297 001 ***287.50

DOCUMENT # M05000002475					
1. Entity Name LAKETOWN HOLDINGS, LLC					
Principal Place of Business 4300 LEGENDARY DRIVE, SUITE 280 DESTIN, FL 32541			Mailing Address P O BOX 7039 DESTIN, FL 32540		
2. Principal Place of Business - No P.O. Box # 151 Regionsway Suite, Apt. #, etc. 6A City & State Destin FL Zip 32541 Country USA			3. Mailing Address 151 Regionsway Suite, Apt. #, etc. 6A City & State Destin FL Zip 32541 Country USA		
4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent WALLACE, JERRY L 4300 LEGENDARY DRIVE, SUITE 280 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name Jerry Wallace Street Address (P.O. Box Number is Not Acceptable) 151 Regionsway 6A City Destin FL FL 32541		
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 <u>Jerry L Wallace</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/29/08</u>					
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 MGRM NAME LAKETOWN WHARF, LLC STREET ADDRESS 4300 LEGENDARY DRIVE, SUITE 280 CITY-ST-ZIP DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete		TITLE MGRM NAME Jerry L. Wallace STREET ADDRESS 151 Regionsway 6A CITY-ST-ZIP DESTIN, FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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.					
SIGNATURE: <u>Jerry L Wallace</u>			Date <u>4-29-08</u> Daytime Phone # <u>4/29/08</u>		