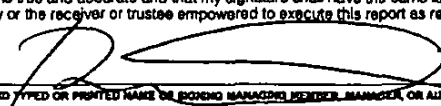


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5. **FILED**
Jun 19, 2006 8:00 am
Secretary of State

05-04-2006 90023 043 ****50.00

DOCUMENT # M05000005758							
1. Entity Name LADY LAKE LANDING, LLC							
Principal Place of Business 4010 NORTH BEND ROAD SUITE 301 CINCINNATI, OH 45211			Mailing Address 4010 NORTH BEND ROAD SUITE 301 CINCINNATI, OH 45211				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	04272006 Chg-LLC CR2E083 (11/05) 4. FEI Number 20-3617856 <table border="1" style="float: right;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
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			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)							
Filing Fee is \$50.00 Due by May 1, 2008		9. Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	☐ Delete		TITLE	☐ Change ☐ Addition		
NAME	MEIERJOHAN, RALPH			NAME			
STREET ADDRESS	4010 NORTH BEND ROAD SUITE 301			STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI, OH 45211			CITY-ST-ZIP			
TITLE	MGR	☐ Delete		TITLE	☐ Change ☐ Addition		
NAME	FRIESZ, JEFF			NAME			
STREET ADDRESS	6117 WEST FORK RD.			STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI, OH 45247			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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: 				Date _____ Daytime Phone # _____			
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							

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