


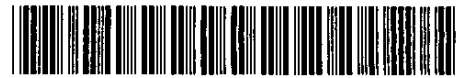
# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90181 013 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # M06000002331</b>                       |  |
| 1. Entity Name<br><b>LAKE SHORE INVESTMENTS, LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>9080 OLCOTT AVE<br/>SAINT JOHN IN 46373</b> | Mailing Address<br><b>9080 OLCOTT AVE<br/>SAINT JOHN IN 46373</b> |
|---|---|



|  |   |
|--|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>4339 Worthington Cr</b> | 3. Mailing Address<br><b>4339 Worthington Cr.</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                               |

1st MOORE CR2E083 (10/06)

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| City & State<br><b>Palm Harbor FL</b> | City & State<br><b>Palm Harbor FL</b> |
| Zip<br><b>34685</b>                   | Zip<br><b>34685</b>                   |
| Country                               | Country                               |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>27-0086862</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>ORSATTI, CHAD T ESQ<br/>3204 ALTERNATE 19 NORTH<br/>PALM HARBOR FL 34683</b> |  |
|--|--|

|  |             |
|--|-------------|
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | MGRM<br>LUTES, DARRYL C<br><b>9080 OLCOTT AVE<br/>SAINT JOHN IN 46373</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>4339 Worthington Cr<br/>Palm Harbor FL 34685</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | MGRM<br>LUTES, BARBARA A<br><b>9080 OLCOTT AVE<br/>SAINT JOHN IN 46373</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>4339 Worthington Cr<br/>Palm Harbor FL 34685</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:** Barbara Lutes, Mgrm (Barbara Lutes) **3/20/07** **786-7168**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #