

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90046 027 ****50.00

DOCUMENT # L04000088101

1. Entity Name
BDC LAKE 64, LLC



Principal Place of Business
401 W. COLONIAL DRIVE, SUITE 7
ORLANDO, FL 32804

Mailing Address
401 W. COLONIAL DRIVE, SUITE 7
ORLANDO, FL 32804

40000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1981055

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MACARTHUR, WILLIAM H
401 W COLONIAL DR
SUITE 7
ORLANDO, FL 32804

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME MACARTHUR, WILLIAM
STREET ADDRESS 401 W COLONIAL DR, SUITE 7
CITY-ST-ZIP ORLANDO, FL 32804

TITLE MGR ☐ Delete
NAME LANT, JAMES H
STREET ADDRESS 401 W COLONIAL DR, SUITE 7
CITY-ST-ZIP ORLANDO, FL 32804

TITLE MGR ☒ Delete
NAME CONANT, ELIZABETH
STREET ADDRESS 401 W COLONIAL DR, SUITE 7
CITY-ST-ZIP ORLANDO, FL 32804

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Fant, James H.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ~~AST~~ Westfall, Donna
STREET ADDRESS 401 W. Colonial Dr, Suite 7
CITY-ST-ZIP Orlando, FL 32804

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: William H. MacArthur 4-27-06 (407) 425-8276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #