2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT #L05000091867 2007 MAR 22 AM II: 10 1. Entity Name LAKESIDE GARDENS, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O-JOHN LAKE----C/O-JOHN LAKE --- -- 1079 KOKOMO KEY-LANE---1079 kokomo key lane--DELRAY BEACH, FL 33483 ---- DELRAY BEACH, FL-33483--Principal Place of Business - No P.O. Box # C/O Robert Buchenberger Mailing Address C/O Robert Buchenberger Suite, Apt. #, etc. 4472 Prospect Street Suite, Apt. #, etc. 4472 Prospect Street 03202007 CR2E101 (1/07) REIN-LLC City & State City & State 4. FEI Number Applied For 16-1756211 Bow Mar, CO Bow Mar, CO Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 80123 USA 80123 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent John Lake LAMONTAGNE, KEVIN M--Street Address (P.O. Box Number is Not Acceptable) 125 EAST BOYNTON BEACH BOULEVARD --BOYNTON BEACH, FL-33435--1111 George Bush Blvd., Unit L Delray Beach 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 March 20, 2007 John Lake (NOTE: Registered Agent signature required when reinstating) SIGNATURE agent and title if applicable In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to FILE NOW!!! FEE IS \$100.00 liability company did not receive the prior notice. Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TATLE ☐ Delete TITLE ☐ Change Addition BUCHENBERGER, ROBERT NAME 700095220987 03/29/07--01026--001 **10 NAME STREET ADDRESS 4472 PROSPECT STREET STREET ADDRESS **100,00 CITY-ST-ZIP BOW MAR, CO 80123 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change X Addition MGR NAME John Lake STREET ADDRESS STREET ADDRESS 1111 George Bush Blvd., Unit L CITY-ST-ZIP CITY-ST-ZIP Delray Beach, FL 33483 Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME NEWENT CAREN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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.

<u>John Lake, MGR</u>

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

303-520-7718

Daytime Phone 4

March 20,

2007