## FILED Feb 25, 2008 08:00 Al Secretary of State

Due By May 1, 2008						
DOCUMENT # A33258  1. Entity Name FLG LAKELAND, LTD.						
Principal Place of Business	Mailing Address					
2410 NEVADA ROAD Lakeland, FL 33803-2342	PO BOX 1585 LAKELAND, FL 33802-1585					

FLG LAK	ELAND, LTD.				
2410 NEVAD	DA ROAD FL 33803-2342	Mailing Address PO BOX 1585 LAKELAND, FL 33802-1585			ITALI GIBR GIGIT BIGIT GIGITGI; DI 1881
D	OO NOT WRITE	IN THIS SPA	CE	01312008 No Chg-LP C  4. FEI Number 59-3134407  5. Certificate of Status Desired	R2E003 (12/06)  Applied For  Not Applicable  \$8.75 Additional
	6. Name and Address of Current Re	egistered Agent	· · · · · · · · · · · · · · · · · · ·		Fee Required
2410 NEV	RANCESCO (FRANK) ADA ROAD D, FL 33803-2342	gistario Agoni		DO NOT WRI	
8. The above the obligat	named entity submits this statement for the ions of registered agent.	ne purpose of changing its register	ed office or register	ed agent, or both, in the State of Florida.	I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable			DATE
FILE NOW!!! FEE IS \$500.00 U00000840559 After May 1, 2008, Fee will be \$900.00 U3/06/08-80052-005 500.00					
	A GENERAL PARTNER THAT NOTE: General Partners MAY	AT IS A BUSINESS ENTITY M NOT be changed on the form	UST BE REGIST ; an amendmen	TERED AND ACTIVE WITH THIS OF it must be filed to change a general	FFICE.
12.	GENERAL PARTNER II	NFORMATION			
DOCUMENT # ' NAME STREET ADDRESS CITY-ST-ZIP	V53234 FLG LAKELAND, INC. 2410 NEVADA ROAD LAKELAND, FL 338032342	Sign Car			
DOCUMENT # NAME STREET ADDRESS CHTY-ST-ZIP		5.			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRIT	E
DOCUMENT • NAME STREET ADDRESS CITY-ST-ZIP		t ar		IN THIS SPAC	E
DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP	The second secon				
DOCUMENT # NAME	*** · · ·	, t			
STREET ADDRESS CITY-ST-ZIP		1			
14. I hereby o	certify that the information supplied with the	ns filing does not qualify for the ex	emptions contained	d in Chapter 119, Florida Statutes, I furth	er 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes