
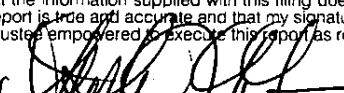


FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # A93000000336 1. Entity Name LONGWOOD LAKES, LTD.				Secretary of State	
Principal Place of Business 1180 SPRING CENTRE S. BLVD, SUITE 102 ALTAMONTE SPRINGS, FL 32714		Mailing Address 1180 SPRING CENTRE S. BLVD, SUITE 102 ALTAMONTE SPRINGS, FL 32714			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3178846	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAFRENIERE, STEPHEN J 1180 SPRING CENTRE S. BLVD, SUITE 102 ALTAMONTE SPRINGS, FL 32714			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LAFRENIERE, STEPHEN J 989 BEARDED OAKS TERR LONGWOOD, FL 32750		STREET ADDRESS CITY-ST-ZIP	U00000914187 05/08/08-80046-011 500.00	
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE:  Stephen J. LaFreniere 4/18/08 407-786-9007					