
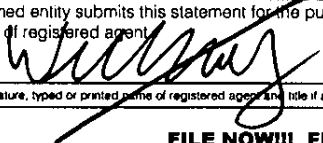



**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B04000000409</b>		<b>Secretary of State</b>	
1. Entry Name <b>LAKE NONA VILLAGE, L.P.</b>			
Principal Place of Business <b>215 NORTH EOLA DRIVE LOWNDES, DROSDICK, DOSTER, KANTOR ORLANDO, FL 32801</b>		Mailing Address <b>215 NORTH EOLA DRIVE LOWNDES, DROSDICK, DOSTER, KANTOR ORLANDO, FL 32801</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BIRD, WILLIAM R JR LOWNDES, DROSDICK, DOSTER, KANTOR & REED 215 NORTH EOLA DRIVE ORLANDO, FL 32801		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 <b>4/12/08</b>	
Signature, typed or printed name of registered agent and title if applicable.			
<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00</b>			
<b>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.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
B02000000008 NORTHLAKE PARK APARTMENTS, L.P. 5252 LYNGATE COURT BURKE, VA 22015			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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: 		KENNETH A. RYAN      4-22-08      703-425-2600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		ACTIVE VICE PRESIDENT	