

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90004 042 ****55.00

DOCUMENT # L01000011362

1. Entity Name

LAKE PLACE, L.C.



Principal Place of Business

**2000 E. EDGEWOOD DRIVE, SUITE 214
LAKELAND FL 33803**

Mailing Address

**2000 E. EDGEWOOD DRIVE, SUITE 214
LAKELAND FL 33803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3745254**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCKEEL, S. DOUGLAS
2000 E. EDGEWOOD DRIVE, SUITE 214
LAKELAND FL 33803**

7. Name and Address of New Registered Agent

Name

John A. Rodda

Street A

2128 E. Edgewood Dr #109

City

Lakeland

FL

Zip Code

33803

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☒ Delete
NAME **MCKEEL, DOUGLAS S**
STREET ADDRESS **2128 E. EDGEWOOD DRIVE #109**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **P** ☐ Change ☒ Addition
NAME **John A. Rodda**
STREET ADDRESS **2128 E. Edgewood Dr #109**
CITY-ST-ZIP **Lakeland FL 33803**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

John A Rodda 3/26/03 863-669-0920

CR2E083 (10/02)