

8/11/2002

2002 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 25, 2002 8:00 am Secretary of State

08-11-2002 90169 002 ****50.00

DOCUMENT # L01000011404

1. Entity Name LAKEVIEW INVESTMENT, LLC

Principal Place of Business 1350 AVENUE OF THE AMERICAS SUITE 1910 NEW YORK NY 10019

Mailing Address 1350 AVENUE OF THE AMERICAS SUITE 1910 NEW YORK NY 10019

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 05-1124968

Applied For Not Applicable

5. Certificate of Status Desired

5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGLEY, MARCIA H ESQ C/O GREENBERG TRAUJIG, P.A. 2255 GLADES ROAD SUITE 419A BOCA RATON FL 33431

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

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

Table with 2 columns: 9. MANAGING MEMBERS/MANAGERS and 10. ADDITIONS/CHANGES. Includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Delete, Change, and Addition. Handwritten entries include Joe A. Mael and Richard S. Frary.

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

Handwritten signature of Joe A. Mael

Date

Daytime Phone #

212-399-1795

CR2E083 (4/02)