2005 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does indicated on this report is true and accurate and that the signature limited liability company or the receiver or trusted enhoused at

TYPED OR PRINTED NAME OF SIGNING MANAG

May 02, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # L01000017118** 1. Entity Name SCOTT LAKE PRESERVE, LLC Principal Place of Business Mailing Address POST OFFICE BOX 1746 124 SOUTH FLORIDA AVENUE LAKELAND, FL 33801 LAKELAND, FL 33802-1746 04282005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3751003 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PHILPOT, BRIAN G DO NOT WRITE 124 SOUTH FLORIDA AVENUE LAKELAND, FL 33801 IN THIS SPACE 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 Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE LAND ONE PROPERTIES, INC. NAME 124 S. FLORIDA AVE STREET ADDRESS LAKELAND, FL 33801 CITY-ST-ZIP TITLE U00000356138 05/04/05-80024-009 **50.00** NAME, STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

MBER, OR AUTHORIZED REPRESENTATIVE

alify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that the same legal effect as if made under oath; that I am a managing member or manager of the ute this report as required by Chapter 608, Florida Statutes.

Daytime Phone *

FILED