2

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
02-13-2002 90123 041 ****50.00

DOCUMENT # L01000020979

1. Entity Name

LAKE PARK CENTRE, LLC

[redacted]

18519

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2. Principal Place of Business	3. Mailing Address
5201 VILLAGE Blvd	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State
Zip: 33407 Country: USA	Zip Country

4. FEI Number: 75-3003940 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name: ROBERT NEEDLE

Street Address (P.O. Box Number is Not Acceptable): SAME AS #2

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.

SIGNATURE: _____ DATE: 3-6-02
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGER, MANAGING Member	TITLE	
NAME	ROBERT NEEDLE	NAME	
STREET ADDRESS	5201 VILLAGE Blvd	STREET ADDRESS	
CITY-ST-ZIP	West PALM Beach, FL 33407	CITY-ST-ZIP	
TITLE	MANAGING MEMBER	TITLE	
NAME	GERALD F. VISCONTI, JR	NAME	
STREET ADDRESS	6025 ELBA PLACE	STREET ADDRESS	
CITY-ST-ZIP	WOODLAND, CA 91367	CITY-ST-ZIP	
TITLE	MANAGING Member	TITLE	
NAME	DAVID A. NEEDLE	NAME	
STREET ADDRESS	5201 VILLAGE Blvd	STREET ADDRESS	
CITY-ST-ZIP	West PALM Bch, FL 33407	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E083B (12/01)

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: _____ 2/8/02 561-687-1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #