LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000001352

1. Entity Name

LAKEWAY HOLDINGS, LLC

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90058 003 ****50.00

DO NOT WRITE IN THIS SPACE

20022633 2. Principal Place of Business 3. Mailing Address 1189 CLINGING VINE PLACE 1189 CLINGING VINE PLACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State
WINTER SPRINGS, FL Applied For 4. FEI Number 03-0394588 WINTER SPRINGS, FL. Not Applicable Country USA Zip 32708 Country Zip 32708 \$5.00 Additional 5. Certificate of Status Desired USA 7. Name and Address of Current Registered Agent Name GREGORY L. BOGGS DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1189 CLINGING VINE PLACE City WINTER SPRINGS 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 DATE **FEE IS \$50.00** Make Check Payable to Florida Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. CR2E083B (12/02 TITLE TITLE Manager/ BOGGS, GREGORY LEE NAME NAME 1189 CLINGING VINE PLACE STREET ADDRESS STREET ADDRESS WINTER SPRINGS, FL. 32708 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE ---NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 spall have the same legal-effect as if made under eath; that I am a managing member or manager of the limited liability company or tife receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNING MANAGING MEMBER, MANAGER, OR