2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000005510

1. Entity Name



FILED Apr 15, 2003 8:00 am Secretary of State

04-15-2003 90028 045 ****55.00

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE I NAME Delete TITLE NAME	LAKE GR	assy resoi	RT, LLC											
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Suite, Apt. #. etc. City & State Country Country Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name MCGAHEE, MELANIE A ESQ 417 W SUGARLAND HWY CLEWISTON FL 33440 City City FL Zip Code 8. The above ramed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the ediplacement of registered agent, or both, in the State of Forida. I am familiar with, and accept the ediplacement of registered agent, or both, in the State of Forida. I am familiar with, and accept the ediplacement of registered agent, or both, in the State of Forida. I am familiar with, and accept the ediplacement of registered agent, or both, in the State of Forida. I am familiar with, and accept the ediplacement of registered agent, or both, in the State of Forida. I am familiar with, and accept the ediplacement of registered agent, or both, in the State of Forida. I am familiar with, and accept the ediplacement of registered agent, or both, in the State of Forida. I am familiar with, and accept the ediplacement of registered agent, or both, in the State of Forida. I am familiar with, and accept the ediplacement of registered agent, or both, in the State of Forida. I am familiar with, and accept the ediplacement of registered agent. FILE NOW!! FEL SSO.O Make Check Payable to Forida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS OITY ST. 2P MCRM TITLE MCR	2 Principal F	Place of Rusiness		13	Mailing Address		- -							
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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		ertify that the info	ormation supplied wit	ith thie fil	ling does not qualify for			ted in Sea	tion 110 07/3	R)(i) Florida St	tatutee 1 fe	irther cer	tify that the :	nformation

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 engagement to execute this report as required by Chapter 608, Florida Statutes.

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

4/7/03

Date

863-902-1189

Daytime Phone #