2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000009809

1. Entity Name
LAKE PARK ACQUISITION, LLC

FILED

2007 AUG -8 AM 10: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07202007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
10400 GRIFFIN ROAD, E210 COOPER CITY, FL 33328	10400 GRIFFIN ROAD, E210 COOPER CITY, FL 33328

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 90-0070623 ☐ 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
LEONARD, C. GLENN ESQ LEONARD & MORRISON, P.A. 4875 NORTH FEDERAL HIGHWAY, 10TH FLOOR FORT LAUDERDALE, FL 33308	Name: C. Glenn Leonard Street Address (P.O. Box Number is Not Acceptable): 1995 East Oakland Park Blvd, Suite 105 City: Ft. Lauderdale FL Zip Code: 33306

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 C. Glenn Leonard 7/24/07
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

C. Glenn Leonard

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WILLIAMSON, ROBERT T 10400 GRIFFIN ROAD, #210 COOPER CITY, FL 33328	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Barbara Williamson 10400 Griffin Road, #210 Cooper City, Fl 33328	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800108393738 08/21/07--01085--004 **50.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Barbara Williamson Pres. 7/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Barbara Williamson