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Secretary of State

03-22-2004 90420 008 ****50.00

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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000008208

1. Entity Name
LAGO PROPERTIES, LLC

Principal Place of Business	Mailing Address
215 IMPERIAL BOULEVARD, SUITE C-3 LAKELAND, FL 33803	215 IMPERIAL BOULEVARD, SUITE C-3 LAKELAND, FL 33803

02242004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2000 E. Edgewood Drive	2000 E. Edgewood Drive
Suite, Apt. #, etc.: Suite 102	Suite, Apt. #, etc.: Suite 102
City & State: Lakeland, FL	City & State: Lakeland, FL
Zip: 33803 Country: USA	Zip: 33803 Country: USA

4. FEI Number: 59-6520277 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRAFT, BRENDA
215 IMPERIAL BOULEVARD, SUITE C-3
LAKELAND, FL 33803

7. Name and Address of New Registered Agent

Name: Gary F. Richards
Street Address (P.O. Box Number is Not Acceptable): 2000 E. Edgewood Dr., Suite 102
City: Lakeland FL Zip Code: 33803

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] Gary F. Richards 3/12/04
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRELELA MANAGEMENT, INC. 215 IMPERIAL BOULEVARD, SUITE C-3 LAKELAND, FL 33803	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Grelela Management Company 2000 E. Edgewood Dr., Suite 102 Lakeland, FL 33803	☐ 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		☐ Change ☐ Addition
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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 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: [signature] Gary F. Richards, President of Manager 3/12/04 863/668-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #