

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027482

Entity Name: LAKE WALES ESTATES LLC

FILED
Feb 09, 2006
Secretary of State

Current Principal Place of Business:

950 SOUTH WINTER PARK DRIVE
SUITE 350
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

950 SOUTH WINTER PARK DRIVE
SUITE 350
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 20-0116644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGEN, DEBORAH D
636 N RIO GRANDE AVE
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

HAGEN, DEBORAH D
950 S. WINTER PARK DR.
350
CASSELBERRY, FL 32707 US

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: DEBORAH D. HAGEN

02/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAGEN, DEBORAH D
Address: 636 N RIO GRANDE AVE
City-St-Zip: ORLANDO, FL 32805

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAGEN, DEBORAH D
Address: 950 S. WINTER PARK DR. STE 350
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGR () Change (X) Addition
Name: HAGEN, TERRY D
Address: 950 S WINTER PARK DR. STE 350
City-St-Zip: CASSELBERRY, FL 32707 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DEBORAH D HAGEN

MGR

02/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date