

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000038527

Entity Name: LAKE PARK PROPERTIES, LLC

FILED
Jan 23, 2008
Secretary of State

Current Principal Place of Business:

26647 COUNTY ROAD 561
APT.B
TAVARES, FL 32778

New Principal Place of Business:

3401 NORTH HIGHWAY 19A
RILEY'S PARK OFFICE
MOUNT DORA, FL 32757

Current Mailing Address:

26647 COUNTY ROAD 561
APT.B
TAVARES, FL 32778

New Mailing Address:

3401 NORTH HIGHWAY 19A
RILEY'S PARK OFFICE
MOUNT DORA, FL 32757

FEI Number: 37-1479440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOFFMAN, RHONDA
26647 COUNTY ROAD 561
APT.B
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

HOFFMAN, RHONDA
3401 NORTH HIGHWAY 19A
RILEY'S PARK OFFICE
MOUNT DORA, FL 32757 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: RHONDA H. HOFFMAN

01/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOFFMAN, RHONDA
Address: 26647 COUNTY ROAD 561, APT. B
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOFFMAN, RHONDA
Address: 3401 NORTH HIGHWAY 19A
City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify 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: RHONDA H. HOFFMAN

MGR

01/23/2008

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