

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90333 001 \*\*\*250.00

|                                     |                                                                                   |
|-------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000047142</b>      |  |
| 1. Entity Name<br>A LAKE PLACE, LLC |                                                                                   |

|                                                                                                                         |                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br>C/O WEBSTER, CHAIRES & PARTNERS, P.L.<br>1936 LEE RD., STE. 101<br>WINTER PARK, FL 32789 | Mailing Address<br>C/O WEBSTER, CHAIRES & PARTNERS, P.L.<br>1936 LEE RD., STE. 101<br>WINTER PARK, FL 32789 |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|

**30002514**



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

01092006 Chg-LLC CR2E083 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-0420421 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                       |  |                                                    |          |
|-----------------------------------------------------------------------|--|----------------------------------------------------|----------|
| 6. Name and Address of Current Registered Agent                       |  | 7. Name and Address of New Registered Agent        |          |
| W&P SERVICES, INC.<br>1936 LEE RD., STE. 101<br>WINTER PARK, FL 32789 |  | Name                                               |          |
|                                                                       |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|                                                                       |  | City                                               |          |
|                                                                       |  | FL                                                 | Zip Code |

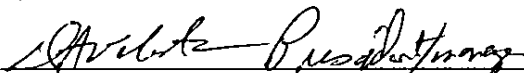
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                     |                                                              |
|-----------------------------------------------------|--------------------------------------------------------------|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------|--------------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                          | 10. ADDITIONS/CHANGES                          |                                                                   |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>WEBSTER, DAVID A<br>1936 LEE RD, STE 101<br>WINTER PARK, FL 32789 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>WEBSTER, JANE R<br>1936 LEE RD, STE 101<br>WINTER PARK, FL 32789 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PST<br>WEBSTER, DAVID A<br>1936 LEE RD, STE 101<br>WINTER PARK, FL 32789 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ASV<br>WEBSTER, JANE R<br>1936 LEE RD, STE 101<br>WINTER PARK, FL 32789 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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.

|                                                                                                       |                        |                                      |
|-------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------|
| <b>SIGNATURE:</b>  | <b>Date:</b> 30 Jun 06 | <b>Daytime Phone #:</b> 407-691-0500 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |                        |                                      |