103000054617

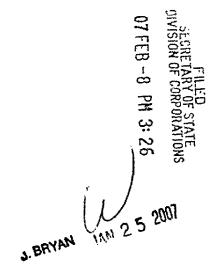
(Re	questor's Name)	
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J. BRYAN FEB - 8 2007



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2007

JANOS BOGDAN LAKE BALATON, LLC 9225 82ND AVE N SEMINOLE, FL 33777

SUBJECT: LAKE BALATON, LLC Ref. Number: L03000054617

We have received your document for LAKE BALATON, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 507A00006030

District of Commentions D.O. DOV 6297 Well-basses Florida 29214

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	Name of Limited Liability Company)			
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please	e return all correspondence concerning this matter to the following:			
1	THOS BOCDAN (Name of Person)			
Tt	LAKE BALANO LLC (Firm/Company)			
1227824 AVE W. #312 = 12 (Address)				
St	(City/State and Zip Code)	CORPORATIONS B PM 3: 26		
For fu	arther information concerning this matter, please call:			
JE	(Name of Person) at (727) 307,7272 (Area Code & Daytime Telephone N	Vuml	ber)	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cloft Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: ALE BALATON, UC
2. The mailing address of the limited liability company is: POBOX 7072
JEMINOLE, +L 33771-7072
12/3/2003 LO3000074617
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: C. PANDOLPH COLEMAN 9210 BAYMEDOWI QD., STE, 410 Address City, State and Zip
6. The name and address of the new registered agent and/or office:
Florida street address (P.O. Box NOT acceptable) SEMINOLE, FL 337777 City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member)
Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)