L0400063599

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Lake Builders, LLC (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Vincent E. Damian, Jr. (Name of Person)		
Salomon, Kanner, Damian & Rodriguez, P.A. (Firm/Company)		
80 S.W. 8th Street, Suite 2550		
(Address)		
Miami, FL 33130		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Vincent E. Damian, Jr. at (305) 379-1681		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\times \text{Certified Copy}\$		

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 co	mpany is: Lake Builders, LLC
2. The mailing address of the limited l	liability company is: 505 S. Federal Highway,
Lake Worth, FL 33460	
08/23/04	L0400063599
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and Florida Department of State:	d the registered office address as shown on the records of the
Gary S. L	_ee
50° 0. °	Name
505 S. Fe	deral Highway,
Address Lake Worth, FL 33460	
City, State and Zip	
6. The name and address of the new re	Address th, FL 33460 City, State and Zip gistered agent and/or office: Damian, Jr.
Vincent E. Damian, Jr.	
Name	
Florida stre	eet address (P.O. Box NOT acceptable)
Miami,	FL 33130
	City, State and Zip
confirmed that after the change or char and the business office of the registere- liability company, it is hereby confirm	organized under the laws of the State of Florida, it is hereby nges are made, the Florida street address of the registered office d agent will be identical. Or, in the case of a Florida limited ed that the change(s) was/were authorized by an affirmative vote company or as otherwise provided in the articles of organization ed liability company.
(Signature of a member or authorized representative	e of a member)
Gary S. Lee (Printed or typed name of signee)	
I hereby accept the appointment as recomply with the provisions of all statul and I am familiar with and accept the Chapter 608, F.S. Or, if this document address. I hereby confirm that the limit	gistered agent and agree to act in this capacity. I further agree to les relative to the proper and complete performance of my duties, obligations of my position as registered agent as provided for in the selied to merely reflect a change in the registered office ted liability company has been notified in writing of this change.
(Signature of Registered Agent)	ations P.O. Roy 6327 Tallahassee FL 32314

FILING FEE: \$25.00

INHS18 (8/05)