2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081254

Entity Name: LAKEWOOD DEVELOPMENT LLC

FILED Feb 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1667 HIGHWAY 83 1667 HIGHWAY 83 N

DEFUNIAK SPRINGS, FL 32433 DEFUNIAK SPRINGS, FL 32433

Current Mailing Address: New Mailing Address:

1667 HIGHWAY 83 1667 HIGHWAY 83 N

DEFUNIAK SPRINGS, FL 32433 DEFUNIAK SPRINGS, FL 32433

FEI Number: 20-2153254 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMAS, CRAIG M
4775 COUNTY HWY 83

THOMAS, CRAIG M
4775 COUNTY HWY 183 N

DEFUNIAK SPRINGS, FL 32433 US DEFUNIAK SPRINGS, FL 32433 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: CRAIG M. THOMAS 02/01/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 THOMAS, CRAIG M
 Name:
 THOMAS, CRAIG M

 Address:
 4775 COUNTY HWY 83
 4775 COUNTY HWY 183 N

 City-St-Zip:
 DEFUNIAK SPRINGS, FL 32433
 City-St-Zip:
 DEFUNIAK SPRINGS, FL 32433

Title: MGRM () Delete Title: () Change () Addition

 Name:
 ISON, ROY M JR
 Name:

 Address:
 245 WINDHAM WAY
 Address:

 City-St-Zip:
 DEFUNIAK SPRINGS, FL 32433
 City-St-Zip:

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: CRAIG M. THOMAS MGRM 02/01/2006