


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # L04000088101 1. Entity Name BDC LAKE 64, LLC	
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Principal Place of Business 401 W. COLONIAL DRIVE, SUITE 7 ORLANDO, FL 32804	Mailing Address 401 W. COLONIAL DRIVE, SUITE 7 ORLANDO, FL 32804
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04302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1981055	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent MACARTHUR, WILLIAM H 401 W COLONIAL DR SUITE 7 ORLANDO, FL 32804
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACARTHUR, WILLIAM 401 W COLONIAL DR, SUITE 7 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FANT, JAMES H 401 W COLONIAL DR, SUITE 7 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST WESTFALL, DONNA 401 W COLONIAL DR, SUITE 7 ORLANDO, FL 32804
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05/18/07-80120-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Donna Westfall Donna Westfall 4/30/07 407.425-8276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #