## FILED May 26, 2005 8:00 am Secretary of State

Principal Place of Business 401 W. COLONAL DRIVE, SUITE 7 ORLANDO, R. 32804  2. Principal Place of Business  Suite, April + 960.  Suite	DOCUMENT # L04000088102  1. Entity Name LAKE 64, LLC									04-29-200	9006	4 014 ***	**50.00	
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Cly & State  Country  A. FEI Number  A. FEI Number  B. Applied for New Application of Status Dealing   Recognition of R	2. Principal Place of Business				3. Mailing Address									
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Street Address (P.O. Box Number is Not Acceptable)  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 effice or registered agent, or both. In the State of Florida. I am femiliar with, and accept the obligations or registered spent or both. In the State of Florida. I am femiliar with, and accept the obligations or registered spent or both. In the State of Florida. I am femiliar with, and accept the obligations or registered spent or both. In the State of Florida. I am femiliar with, and accept the obligations or registered spent or both. In the State of Florida. I am femiliar with, and accept the obligations or registered spent or both. In the State of Florida. I am femiliar with, and accept the obligations or registered spent or both. In the State of Florida. I am femiliar with, and accept the obligations of registered agent.  SIGNATURE  Filling Foe is \$50,000  Filling Foe is \$50,000  Filling Foe is \$50,000  Make check payable to Florida Department of State  9. MANAGING MEMBERS / MANAGERS  OTH-51-29  OTH-51-29  ORAS / MANAGING MEMBERS / MANAGERS  OTH-51-29  OTH-51-29  ORAS / MANAGING MEMBERS / MANAGERS  OTH-51-29  ORAS / MANAGING MEMBERS / MANAGERS  OTH-51-29  OTH-51-29  ORAS / MANAGING MEMBERS / MANAGERS  OTH		6. Name	and Add	ress of Current					_ <del></del>					
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent.  SIGNATURE    CHOTE Replaced Agent Registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent.    CHOTE Replaced Agent Registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the fine obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the fine obligations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the fine obligations of Florida Department of State of Fl	401 W. CO	LONIAL	DRIVE,	SUITE 7		Street Address (P.O. Bo				er is Not Acceptable	1)			
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