


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90046 001 \*\*\*\*50.00

<b>DOCUMENT #</b> L04000088102	
1. Entity Name <b>LAKE 64, LLC</b>	

Principal Place of Business <b>401 W. COLONIAL DRIVE, SUITE 7 ORLANDO, FL 32804</b>	Mailing Address <b>401 W. COLONIAL DRIVE, SUITE 7 ORLANDO, FL 32804</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04112006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-1981009</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CONANT, ELIZABETH 401 W. COLONIAL DRIVE, SUITE 7 ORLANDO, FL 32804</b>	7. Name and Address of New Registered Agent Name <b>William H. MacArthur</b> Street Address (P.O. Box Number is Not Acceptable) <b>401 W. Colonial Dr #7</b> City <b>Orlando</b> FL <b>32804</b>
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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 <b>x [Signature]</b>	<b>William H. MacArthur</b>	DATE <b>4-27-06</b>
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BOC LAKE 64, LLC 401 W COLONIAL DR, SUITE 7 ORLANDO, FL 32804</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE: x [Signature]</b>	<b>William H. MacArthur</b>	<b>4-27-06</b>	<b>(407) 425-8276</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>