2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

FILED Mar 31, 2006 8:00 am Secretary of State

☐ Change

Addition

ANNOAL REPORT					Secretary of State			
DOCUMENT # L05000091699 1. Entity Name LAKEBROOK PARK L.L.C.					03-31-2006 90183 0			
Principal Place of Business 11300 FOURTH STREET NORTH, STE 200 ST. PETERSBURG, FL 33716-2940		Mailing Address 11300 FOURTH STREET NORTH, STE 200 ST. PETERSBURG, FL 33716-2940			4uuz3310			
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03032006	Chg-LLC CR2EC)83 (11/05)		
City & State		City & State		4. FEI Numb	^{per} 20–4051895		plied For t Applicable	
Žip	Country	Zìp	Country	5. Certificat	e of Status Desired	\$5.00 Add Fee Required		
6. Name and Address of Current Registered Agent			Name	7. Name an	7. Name and Address of New Registered Agent			
TAMPA, F	JACKSON STREET, SUITE 2 L 33602 named entity submits this statement to ions of registered agent.		City		FL oth, in the State of Florida. I am	Zip Code		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E. Registered Agent signatur	e required when reinstating)	DATE		•	
Filing Fee Is \$50.00 Due by May 1, 2006						Make check payable to Florida Department of State		
9.	MANAGING MEMBI	ERS/MANAGERS	10.		ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHADWICK, HARRY R JR 11300 FOURTH STREET NORT ST. PETERSBURG, FL 337162		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Сћалде	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE		☐ Delete	TITLE		·	Change	Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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.

NAME

☐ Detete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: 3/22/06 (727) 578-1174

SIGNATURE: SIGNATURE ATTRICTED PREPRINTED MANAGER OF SHORING MANAGER OF AUTHORIZED REPRESENTATIVE Date Deviation Phone 4

Deviation Phone 4