## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Harry R. Chadwick, Jr.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## **Secretary of State DOCUMENT # L05000091699** 02-16-2007 90182 014 \*\*\*\*50.00 1. Entity Name LAKÉBROOK PARK L.L.C. Principal Place of Business Mailing Address 60016137 11300 FOURTH STREET NORTH, STE 200 11300 FOURTH STREET NORTH, STE 200 ST. PETERSBURG, FL 33716-2940 ST. PETERSBURG, FL 33716-2940 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-4051895 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARDNER, MERRITT A 401 EAST JACKSON STREET, SUITE 2400 Street Address (P.O. Box Number is Not Acceptable) Watermark 5, Suite 200 TAMPA, FL 33602 5415 Mariner Street Tampa 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE Delete ☐ Addition TITLE Change CHADWICK, HARRY R JR NAME NAME 11300 FOURTH STREET NORTH, STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 337162940 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-\$1-ZIP TITLE Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-2IP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP 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.

FILED Feb 16, 2007 8:00 am

2/07/07(727)