2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 27, 2006 8:00 am Secretary of State DOCUMENT # L05000095865 03-27-2006 90047 034 ****50.00 LAKÉ HUNTER VILLAS 1 LLC Principal Place of Business Mailing Address 4412 ORANGEWOOD LOOP E 4412 ORANGEWOOD LOOP E LAKELAND, FL 33813 US LAKELAND, FL 33813 US 2. Principal Place of Business Mailing Address 8829 O. Box Suite, Apt. #, etc. Suite, Apt. #. etc. 01052006 Chg-LLC CR2E083 (11/05) 4. FEI Number City & State City & State Applied For 544419 Not Applicable Zip Country \$5.00 Additional 3806 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAY, KENNETH C Street Address (P.O. Box Number is Not Acceptable) 4412 ORANGEWOOD LOOP E LAKELAND, FL 33813 City Zip Code 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE ☐ Change ☐ Addition ☐ Delete MAY, KENNETH C NAME NAME 4412 ORANGEWOOD LOOP E STREET ADDRESS STREET ADDRESS LAKELAND, FL 33813 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ____ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-SI- AP

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.

1-6.06

863-688-0606

FILED