2008 LIMITED LIABILITY COMPANY NNUAL REPORT

Feb 27, 2008 08:00 AN Secretary of State 20040331 DOCUME 1. Entity Name LAKÉ HOLDEN ACQUIS Principal Place of Business Mailing Address 1030 NORTH ORANGE AVENUE PO BOX 608066 ORLANDO, FL 32801 ORLANDO, FL 32860 01312008 No Chg-LLC CR2E083 (12/07) ~ DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4717010 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent F&L CORP DO NOT WRITE ONE INDEPENDENT DRIVE STE 1300 JACKSONVILLE, FL 32202 IN THIS SPACE 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. OATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 1\$ \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE LONG, DOUGLAS F MGRM NAME STREET ADDRESS 2611 TECHNOLOGY DRIVE CITY-ST-ZIP ORLANDO, FL 32804 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-SY-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE

Douglas F Long, MGRM 02/05/08

407-578-2000

FILED

SKINATURE AND TYPED OR PRINTED NAME OF MONING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE