2007 LIMITED LIABILITY COMPANY

Jul 09, 2007 8:00 am **ANNUAL REPORT** Secrétary of State **DOCUMENT # L06000067225** 07-09-2007 90114 039 ****50.00 1. Entity Name LAKE WALES REAL ESTATE LLC Principal Place of Business Mailing Address 125 EAST CENTRAL AVE 125 EAST CENTRAL AVE LAKE WALES, FL 33853 US LAKE WALES, FL 33853 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-5/53348 Not Applicable Ζip Country Ζip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILKINSON, CINDY B 551 CLUBHOUSE DR Street Address (P.O. Box Number is Not Acceptable) LAKE WALES, FL 33898 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 agents (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE Change ☐ Addition WILKINSON, CINDY B NAME NAME STREET ADDRESS 551 CLUBHOUSE DRIVE STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 TITLE ☐ Delete TITLE Change ☐ Addition 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 TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 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.

MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED