

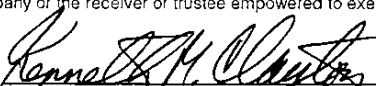


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90196 031 ****55.00

DOCUMENT # L06000071142 1. Entity Name LAKE WESTON, LLC					
Principal Place of Business 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751			Mailing Address 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5405 Diplomat Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE 100			
City & State		City & State ORLANDO, FL			
Zip	Country	Zip 32810	Country US	04262007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-5217399				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CLAYTON, KENNETH M 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name CLAYTON KENNETH M. Street Address (P.O. Box Number is Not Acceptable) 40 CLAYTON INVESTMENTS, LTD 1065 MAITLAND CENTER COMMONS BLVD. City MAITLAND FL Zip Code 32751		
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  DATE 4/26/07 <small>Signature, typed or printed name of registered agent and date of declaration (NOTE: Registered Agent signature required when constituting)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	NGRM CLAYTON INVESTMENTS, LTD 5405 DIPLOMAT CIRCLE, STE 100 ORLANDO, FL 32810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE:  KENNETH M. CLAYTON, PRESIDENT 4/26/07 407-825-2655 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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