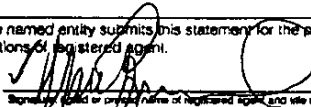
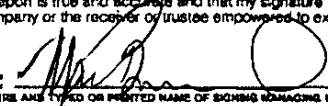


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
9/4/2007-90083-011-\$5.00-\$5.00

07 OCT -5 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000081177			
1. Entity Name LAKE PARK COMMERCE CENTER, LLC			
Principal Place of Business 207 RIDGE ROAD JUPITER, FL 33477		Mailing Address 207 RIDGE ROAD JUPITER, FL 33477	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4486 INDIAN LIPPLE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DAYTON OHIO	
Zip	Country	Zip 45440	Country USA
4. FEI Number 20-5392199		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CHERRY, RICHARD G CHERRY & EDGAR, P.A. 8409 N. MILITARY TRAIL SUITE 123 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL 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 		DATE 9/27/07	
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRAINARD, MARK W 207 RIDGE ROAD JUPITER, FL 33477 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000110516790 10/09/07--01012--022 **45.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		DATE 9/27/07 937-522-0743	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			