

Florida Department of State
Division of Corporations
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From: Account Name : SHANAHAN & RHEAUME, PLC
Account Number : 120070000106
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REGISTERED AGENT CHANGE

LAKESIDE ROAD PROPERTY, LLC

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CULLAN F MEATHE

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.416 or 605.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Lakeside Road Property, LLC
2. The mailing address of the limited liability company is: 6620 Lakeside Road, West Palm Beach, FL 33411-2018

06/31/2007

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3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

GT Corporation
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

6. The name and address of the new registered agent and/or office:

George Fastuca
Name
16801 US Highway 19 North
Florida street address (P.O. Box NOT acceptable)
Clearwater FL 34764
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a manager or authorized representative of a member)

Cullan F. Meathe

(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. I hereby declare that the change(s) in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6227, Tallahassee, FL 32314

FILING FEE: \$25.00

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