

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

[illegible]

<b>DOCUMENT # L07000120557</b>				04-10-2008 90216 001 ***416.25	
1. Entity Name <b>BURNT STORE LAKES, LLC</b>					
Principal Place of Business <b>515 EAST PARK AVENUE TALLAHASSEE, FL 32301</b>		Mailing Address <b>515 EAST PARK AVENUE TALLAHASSEE, FL 32301</b>			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
				JUUUUUUJ	
				03312008    Chg-LLC    CR2E083 (12/06)	
				4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace; font-size: large;">37-1558645</div>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301			--Name--  Street Address (P.O. Box Number is Not Acceptable)   City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p><b>FILE NOW!!! FEE IS \$138.75</b> After May 1, 2008 Fee will be \$538.75</p> </div> <div style="width: 60%; border: 1px solid black; height: 80px; margin-top: 20px;"></div> <div style="width: 40%; text-align: right;"> <p><b>Make check payable to Florida Department of State</b></p> </div> </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
MGR	I & R MANAGEMENT, LLC	615 SOUTH DUPONT HIGHWAY	DOVER, DE 19901	[ ] Delete	[ ] Change [ ] Addition
[ ] Delete				TITLE	NAME
[ ] Delete				[ ] Change [ ] Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
[ ] Delete				[ ] Change [ ] Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
[ ] Delete				[ ] Change [ ] Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
[ ] Delete				[ ] Change [ ] Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
[ ] Delete				[ ] 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: <b>4/4/08</b> Device Phone #: <b>239-542-3771</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					