


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L99000007102 1. Entity Name LAKE WALES EQUITIES, LLC	
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FILED

03 MAY 12 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4403 Vineland Road Suite, Apt. #, etc. 15-B City & State Orlando, FL Zip 32811 Country Orange		3. Mailing Address 4403 Vineland Road Suite, Apt. #, etc. 15-B City & State Orlando, FL Zip 32811 Country Orange	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 593607098	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of Current Registered Agent

Name Matthew J. Falconer	
Street Address (P.O. Box Number is Not Acceptable) 4403 Vineland Road Suite B-15	
City Orlando	Zip Code FL 32811

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and true if applicable.

5/5/03
DATE

**FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME Falconer, Matthew J. STREET ADDRESS 4403 Vineland Road CITY-ST-ZIP Suite B-15 Orlando, FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/5/03
Date

Daytime Phone #

CR2E083B (12/02)