2001	UNIFORM	BUSINESS	REPORT	(UBR
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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DOCU 1. Entity Nam	OCUMENT # L9900008667 Entity Name									·	FIL	ED			}						
ECK 16 \	WOODLA	nd lake	ES, L.L.C.								OI APR	10	AM S	3: 37							
Principal Place of Business Mailing Address											SECRE	TARY	OF S	TATE							
5301 CONROY ROAD. SUITE 180 5301 CONROY ROAD. SUIT ORLANDO FL 32811 ORLANDO FL 32811					JITE 180		SECRETARY OF STATE TALLAHASSEE, FLORIDA														
			,																		
2. Principal Place of Business 3			3. h	Mailing Address																	
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE													
City & State			C	City & State			E0 00407E4					oplied For									
Zip	Country			Z	ip	Coun	Country 5. Cer		5. Certif	ficate of s	Status Desire		×	\$5.00 Ad Fee Require	ot Applicable ditional	-					
•	6. Name	and Addres	s of Current Re	glste	ered Agent		Γ		'. Name	and Ad	dress of Ne	w Regis				-					
							Name														
WHITTALL, CHARLES 5301 CONROY ROAD, SUITE 180 ORLANDO FL 32811					Street Ac	ddress (P.C	(P.O. Box Number is Not Acceptable)						7								
							City						FL	Zip Cod	е	7					
8. The above	named entity	submits this	s statement for th	ie pu	rpose of changing its	registere	ed office or	registered	agent, c	or both, in	the State of	Florida									
SIGNATURE _				14					· · · · ·												
1.	Signature, typed o	or printed name o	f registered agent and	title if t	applicable. (NOTE	: Hegistere	d Agent signatu	re required whe	n reinstatin	ng)			DATE	· · · · · · · · · · · · · · · · · · ·	 	-{					
	FILE NOW! Make Check Payabl								tate	10	### -04/ -04/	2070 ***55	136 11-0 5.00		6 020 95.00	ļ					
9.		MANA	GING MEMBER	S/MI	LEMBERS	10.					ADDITIO	NS/CHA	ANGES			1					
TITLE	MGRM				☐ Delete	TITLE	J							☐ Change	☐ Addition	[8					
NAME STREET ADDRESS CITY-ST-ZIP	WHITTALL 5301 CON ORLANDO	ROY ROAL	D, SUITE 180				ET ADDRESS -ST-ZIP									R2E083 (11/00)					
TITLE	MGRM				☐ Delete	TITLE	1							☐ Change	Addition	CR2					
NAME STREET ADDRESS	MAHER, LI 5301 CON	ee j Roy Roai	D, SUITE 180			NAMI STRE	ET ADDRESS														
CITY-ST-ZIP	ORLANDO	FL 32811				CITY	·ST-ZIP									}					
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 I hereby control indicated of limited liab 	ertify that the on this report pility company	information is true and a or the rece	supplied with this accurate and that iver of trustee er	s filin It my npov	ng does not qualify for signature shall have to vered to execute this re	the exer ne same eport as	nption state legal effect required by	ed in Section t as if made of the control of the co	n 119.0 under 308. Flor	7(3)(i), Fi oath; tha rida Stati	orida Statute it I am a mai	s. I furti naging r	her certi member	fy that the ir or manage	formation r of the						