M0700004025

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	•
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200104646322

06/22/07--01058--011 **160.00

W07-29866

COVER LETTER

SUBJECT:	Lake	County Partners, LLC		
(Name of Limited Liability Company)				
	tence, and check a	d Liability Company for Authorization to Trace submitted to register the above referenced da		
Please return all correspond	ence concerning t	his matter to the following:		
		Leigh Tucker		
		(Name of Person)		
	Lei	gh Tucker, Attorney		٠
***************************************		(Firm/Company)	07.	SIAIO
	713	W. Montrose Street	07 JUN 22 	TON OF
		(Address)		CORP
	Clerm	nont, Florida, 34711	AM 8: 1	ORAHO
	(Ci	ty/State and Zip Code)		HS.
For further information con-	cerning this matte	r, please call:		,
Leigh 1	ucker	at (352) 394-3109		
(Nam	e of Person)	(Area Code & Daytime Telephone	Number)	
MAILING ADDRI		STREET ADDRESS:		
Division of Corpora	tions	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 323	14	Clifton Building 2661 Executive Center Circle		-
i ulialiassee, I L 323	ı -	Tallahassee, FL 32301	,	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of F	oreign Limited Li	ability Company)		
Delaware	3	20-5584966		
(Jurisdiction under the law of which foreign I company is organized)	imited liability	(FEI numb	per, if applicable)	# 51-77.
4. 09/15/2006	5.	Perpetual		,
(Date of Organization)		(Duration: Year limited exist or "perpetual")	l liability company w	vill cease to
6.				
(Date first transactor (See sections 608.50)	d business in Flor 1 & 608.502 F.S. t	ida, if prior to registration. o determine penalty liabili) ty)	
7. 2711 Centerville Road, Suite 400,				
Wilmington, Delaware, 19808				DIVIS 07
	(Street Address o	f Principal Office)		N COR
3. If limited liability company is a mana	_		·····	FILE IARY OF CO
9. The name and usual business address	ses of the mana	ging members or mana	agers are as follo	플 왕의다 WS: 의왕
2711 Centerville Road, Suite 400, W			Lewis	11 :8 SAINE MAYE
2711 Centerville Rd, Su	1c 4∞, W	Immyton DE 1980	08 Olive	Lewis
2711 Centerville Rd, Suite	und W. oox	aton DE 19808	Michael	Rose
2711 Centerville Rd, Sulle	400, Wilmin	cton iDE 19808	Lavonna	
0. Attached is an original certificate of existence,	no more than 90 da	rys old, duly authenticated b	•	
ne jurisdiction under the law of which it is organizenslation of the certificate under cath of the transl		-	ificate is in a foreign	language, a
1. Nature of business or purposes to be	e conducted or	promoted in Florida:	Real Estate Inve	stment,
Design, Development & Managem	nent			
4= 1	_			
(In accordance with sec	tion 608.408(3), F.S	norized representative the execution of this document that the facts stated herein	nent constitutes	
Val Lewis		=	•	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	the Limited Liability Company is:	
Lake County	/ Partners, LLC	
2. The name ar	d the Florida street address of the registered agent and office are:	
	Leigh Tucker, Attorney	
	(Name)	
	713 W. Montrose Street Florida Street Address (P.O. Box NOT ACCEPTABLE)	SECRETAR DIVISION OF C
	Clermont FI 34711	TARY OF CO
	City/State/Zip	OF SIAII
liability compan agent and agree relating to the p	med as registered agent and to accept service of process for the above stated ling at the place designated in this certificate, I hereby accept the appointment as to act in this capacity. I further agree to comply with the provisions of all state roper and complete performance of my duties, and I am familiar with and accept y position as registered agent as provided for in Chapter 608, Florida Statutes. (Signature)	registered utes

\$ 100	00.0	Filing Fee for Application
\$ 25	5.00	Designation of Registered Agent
\$ 30	00.0	Certified Copy (optional)
\$ 5	5.00	Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAKE COUNTY PARTNERS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JUNE, A.D. 2007.

SECRETARY OF STATE DIVISION OF CORPORATIONS



4220498 8300 070726428 Darriet Smila Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5777453

DATE: 06-20-07