


**File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  98 MAY 18 PM 4:16	
<b>FILING FEE</b> <b>\$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  <b>LAKEWOOD DEVELOPMENT COMPANY LLC</b> <b>701 GREEN VALLEY ROAD</b> <b>GREENSBORO NC 27408</b>		<b>DOCUMENT # M97000000151</b>  1a. Principal Place of Business Address  <b>701 GREEN VALLEY ROAD</b> <b>GREENSBORO NC 27408</b>			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		3. Date Organized or Qualified  <b>03/25/1997</b>  3a. State of Formation  <b>NC</b>  4. FEI Number  <b>56-2020046</b> <b>APPLIED FOR</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable  5. Date of Last Report  6. Certificate of Status Desired <input checked="" type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent  <b>A.G.C. CO.,</b> <b>200 SOUTH ORANGE AVENUE, SUITE 2300</b> <b>ORLANDO FL 32802</b>			8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc. <b>200002530862--B</b>  City <b>FL</b> State <b>FL</b> Zip <b>0686</b>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	RICHARDSON, PETER L	266 POST ROAD EAST		WESTPORT CT	
MGR	COBLE, ROBERT L	<del>230 N. ELM STREET, SUITE 1</del> 701 GREEN VALLEY ROAD Suite 300		GREENSBORO NC	
MGR	KING, W. WINBURNE III	P.O. BOX 3463		GREENSBORO NC	
MGR	RICHARDSON, JOHN PAGE	109 WESTPORT ROAD		EASTON CT	
MGR	CHAMBERS, JACK	200 N. LAURA		JACKSONVILLE FL	
MGR	DYE, ROY	2277 LEE ROAD, SUITE 200 E		WINTER PARK FL	

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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** Robert L. Coble 5/8/98 336-272-1772

H. SMITH RICHARDSON FAMILY TRUST  
P.O. Box 29448  
Greensboro, N.C. 27429  
(910) 272-1772

May 8, 1998

Florida Department of State  
Division of Corporations  
Registration Section  
PO Box 6327  
Tallahassee, FL 32314

RE: 1998 Limited Liability Company Annual Report Fee

The 1998 Limited Liability Company Annual Report Fee is handled through our Florida office. Through an oversight the bill is being paid through our corporate office therefore, we ask a waiver of the late fee.

Sincerely,

A handwritten signature in cursive script that reads "Linda Henderson".

Linda Henderson  
Accountant