,	D LIABILITY COMPANY ANNUAL REPORT 1999 FEE Annual Report \$100.00	ELORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS Corporation Supplemental Fee			SECRETARY OF STATE CIVISION OF COLORONATIONS FEB 17 1999 39 MAR - 1 AM 10: 36 7 1999					
\$ 188										
1. Name	and Mailing Address ted Liability Company	MENT	Г# м9700	0000	0151					
LAKEWOOD DEVELOPMENT COMPANY LLC O							1a. Principal Place of Business Address			
GREENSBORO NC 27408							701 GREEN VALLEY ROAD GREENSBORO NC 27408			
2 Princip	pal Place of Business	2a. Mail	ling Address				3. Date Organia	ed or Qualified	3a. State of Formation	
			•				03/25/	1997	NC	
Suite, Apt. #, etc. Suite, Apt			. #, etc.				4. FEI Number		J	
City & State City			tate			56-2020046		Applied For Not Applicable		
Zip	Country	Zip	Count		ry		5. Date of Last	Report	6. Certificate of Status Desired	
		})				05/18/3	1998	\$8.75 Additional Fee Required	
	7. Name and Address of Current	Registered	Agent	\Box	Name	B. N	Name and Addres	s of New Regis	stered Agent/Office	
	NDO FL 3280?	Suite, Apt. #, etc				****188, 75 ****188, 75 Company submits this statement for the purpose of changing				
its registe	red office or registered agent, or both, in the red agent, and accept the obligations.	State of Flo	orida. Such change	e was au	thorized b	y affirmat	ive vote of a majori	ity of the member	rs. Thereby accept the appointmen	
SIGNATU	(Registered Agent Accepting	Appsintment) (I	NOTE Registered Ages	d signature	n general whe	in relations	1	DATE ,		
10. Title Managing Members/Managers				Business Street Address				City	, State and Zip Code	
MGR				JESSUP ROAD POST ROAD EAST			<u></u>	WESTPO	ORT CT 06880	
MGR	COBLE, ROBERT L	701 GREEN VALLEY RO				OAD, SU	GREENS	SBORO NC 27408		
MGR	KING, W. WINBURNE	111	1 -	5x 3	163 ^y	4	, Suite 100		SBORO NC 27407	
MGR	RICHARDSON, JOHN	PAGE	23 G; 109 WE	ES STPO	#;// RT_R	KOA! OAB	D	KEDDING EASTON	CT 06896	
MGR	CHAMBERS, JACK		200 N.	- LA U	RA 8	14 W	MERMAN!	JACKS	ONVILLE FL 3220	
MGR	DYE, ROY		2277 LI	EE R	OAD,	SUI	TE 200 I	WINTE	r park fl <i>32789</i>	
indicated (reby certify that the information supplied w on this annual report is true and accurate i billity company or the receiver or trustee er it with en address.	and that my s	signature shall ha	ve the sa	ame legal	eflect as	if made under oat	n; that I am a mai	naging member or manager of the	

INHSE 10 R (12-98)

SIGNATURE: _