2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9700000151 1. Entity Name LAKEWOOD DEVELOPMENT COMPANY LLC				FILED	
				00 JAN 24 F	PM 3: 45
		Mailing Address 701 GREEN VALLEY ROAL GREENSBORO NC 27408-		SECRETARY (TALLAHASSEE	, FLORIDA
Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 56-2020046	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional
	6. Name and Address of Current F	egistered Agent	Name	7. Name and Address of New Regist	ered Agent
A.G.C. CO. 200 SOUTH ORANGE AVENUE, SUITE 2300 ORLANDO FL 32802 8. The above named entity submits this statement for the purpose of changing its			City	ered agent, or both, in the State of Florida.	FL Zip Code
SIGNATURE .	Signature, typed or printed name of registered agent ar	FILE NO	E: Registered Agent signature requirements OW!!! FEE IS \$50.00 yable to Department)	DATE
9.	MANAGING MEMBE	RS/MEMBERS	10.	ADDITIONS/CHA	NGES
TITLE MAME STREET ADDRESS CITY-SY-ZIP	MGR RICHARDSON, PETER L 60 JESSUP ROAD WESTPORT CT 06880	☐ Deliste	TITLE NAME STREET ADDRESS GITY-ST-ZIP		Change Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGR COBLE, ROBERT L 701 GREEN VALLEY ROAD, SUITE GREENSBORO NC 27401	☐ Defects	TITLE MAME STREET ADDRESS CITY-ST-ZIP	40000311 -02/01/00- *****50.0	□ Change □ Addition ○ 1 2 4 7 01059003 0 ******50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KING, W. WINBURNE III 701 GREEN VALLEY ROAD, SUIT GREENSBORO NC 27407	□ Dèlete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	····	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDSON, JOHN PAGE JR. 23 GILES HILL ROAD REDDING CT 06896	□ Delete	TETLE NAME STREET ADDRESS CITY-ST-ZIP		Change C
TITLE RAME STREET ADDRESS CITY-ST-ZIP	MGR CHAMBERS, JACK 814 WATERMAN ROAD JACKSONVILLE FL 32207	☐ Deliste	TITLE HAME STREET ADDRESS CITY-ST-ZIP		Change
TITLE NAME SYNIET ADDRESS CÎTY-ST-ZIP	MGR Dye, Roy 2277 Lee Road, Suite 200 East Winter Park FL 32789	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP		Change
indicated	certify that the information supplied with	hat my signature shall have	the same legal effect as if	Section 119.07(3)(i), Florida Statutes. I furth made under oath; that I am a managing nopter 608, Florida Statutes.	ner certify that the information nember or manager of the

PARTICIPATION OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER 1/13/00 336-272-1772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Dayling Phone #