APPROVED AND FILED

03 SEP 12 PM 5:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400023048284
09/15/03--01034--012 **75.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003 AMENDED

DOCUMENT # P01000065589

1. Entity Name
LAKE COUNTY INVESTMENTS INC.

Principal Place of Business	Mailing Address
4513 W TRADEWINDS AVE FT LAUDERDALE, FL 33308	4513 W TRADEWINDS AVE FT LAUDERDALE, FL 33308

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1127778 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANDKE, CAROLINE
4513 W TRADEWINDS AVE
FT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name DETLEF MANDKE
Street Address (P.O. Box Number Is Not Acceptable) 4513 W. TRADEWINDS AVE
City Ft. Lauderdale FL Zip Code 33308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 9-11-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. [X] $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MRS MANDKE, CAROLINE T PRESIDE 4513 W. TRADEWINDS AVE FORT LAUDERDALE, FL 33308	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President DETLEF MANDKE	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
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CR2E034 (10/02)

12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] DETLEF MANDKE 9-11-03 954 491 1749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #