## 2006 FOR PROFIT CORPORATION ANNUAL REPORT



**FILED** May 01, 2006 8:00 am Secretary of State

1. Entity Name SEKISUI LAKEWOOD, INC.									05-01-2006	90410	027 ***15	0.00
Principal Place	e of Busines:	Mailing	Mailing Address				4	001000	U			
1550 UNIVERSITY BLVD WEST JACKSONVILLE, FL 32217  1550 UNIVERSITY BLVD WEST JACKSONVILLE, FL 32217								A NEEDLEN E	 Kini aren barn abn ba	III 8 <b>2</b> 111 <b>811</b> 11	ETIET IENE NSEL 10	KTTT   11 <b>11 1</b>
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04272006	Chg-P		034 (11/05)	
City & State			City & State					4. FEI Number	20-1765	914		plied For t Applicable
Zip Country		Zip	Zip Counti		ntry		•	f Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent					News		7. Name and A	Address of New F	Registered	i Agent		
CHUNG M	AIN HYEN	IG ·				Name						
CHUNG, MIN HYUNG 1550 UNIVERSITY BLVD WEST JACKSONVILLE, FL 32217						Street Address (P.O. Box Number is Not Acceptable)						
	•	·									Zip Cod	<u> </u>
B. The above named entity submits this statement for the purpose of changing its register					'	FL						
	ions of regis		or the purpo:	se of changing its	register	ed office or reg	gistere	d agent, or both	, in the State of Fi	orida. I ar	n tamiliar with,	and accept
SIGNATURE_	, (g)	of or printed name of registered agen	t and title if annie	able (NOT	F. B	ed Agent signature re	ram, denset co	den sametical		DATE		<del></del>
	Signature, types	to biered iranse or redistoran after	i aira irac ii appea	ause. (NO)	F: Hediatele	an whom ships not a	edmen #	u iou iourateud)		DAIL		1
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

904-733-6777