




**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000006157</b>																																										
<small>1. Entity Name</small> <b>LAKEVIEW OPERATING COMPANY</b>																																										
<small>Principal Place of Business</small> <b>1555 PALM BEACH LAKES BLVD. STE. 1100 WEST PALM BEACH, FL 33401</b>	<small>Mailing Address</small> <b>C/O FLORIDA MANAGEMENT COMPANY P.O. BOX 3267 WEST PALM BEACH, FL 33402</b>																																									
DO NOT WRITE IN THIS SPACE		 <div style="display: flex; justify-content: space-between; font-size: 10px;"><span>01082007</span><span>No Chg-P</span><span>CR2E034 (11/05)</span></div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%; padding: 2px;"><small>4. FEI Number</small> <b>65-0385972</b></td><td style="width: 20%; padding: 2px;"><small>Applied For</small> <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;"><small>5. Certificate of Status Desired</small> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b></td></tr></table>	<small>4. FEI Number</small> <b>65-0385972</b>	<small>Applied For</small> <input type="checkbox"/> Not Applicable	<small>5. Certificate of Status Desired</small> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																					
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<small>6. Name and Address of Current Registered Agent</small> <b>ECCLESTONE, E. L JR. 1555 PALM BEACH LAKES BLVD. STE. 1100 W. PALM BEACH, FL 33401</b>		DO NOT WRITE IN THIS SPACE																																								
<small>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.</small>																																										
<div style="display: flex; justify-content: space-between;"><div><small>SIGNATURE</small> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small></div><div><small>(NOTE: Registered Agent signature required when reinstating)</small></div><div><small>DATE</small> _____ <small>DATE</small></div></div>																																										
<div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 5px; text-align: center; width: 30%;"><b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b></div><div style="margin-left: 10px;"><small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</div></div>		<div style="text-align: right; font-size: 12px;">000000047125 03/16/07-80058-023 158.75</div>																																								
<div style="display: flex;"><div style="width: 50%;"><small>10. OFFICERS AND DIRECTORS</small><table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; font-size: 8px;">TITLE</td><td style="width: 85%;">DCP</td></tr><tr><td style="font-size: 8px;">NAME</td><td>ECCLESTONE, E. L JR.</td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td>1555 PALM BEACH LAKES BLVD., STE. 1100</td></tr><tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td>W. PALM BEACH, FL</td></tr><tr><td style="font-size: 8px;">TITLE</td><td>EVTD</td></tr><tr><td style="font-size: 8px;">NAME</td><td>COOPER, RON</td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td>1555 PALM BEACH LAKES BLVD., STE. 1100</td></tr><tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td>W. PALM BEACH, FL</td></tr><tr><td style="font-size: 8px;">TITLE</td><td>S</td></tr><tr><td style="font-size: 8px;">NAME</td><td>GAMMON, NANNETTE</td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td>1555 PALM BEACH LAKES BLVD</td></tr><tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td>WEST PALM BEACH, FL</td></tr><tr><td style="font-size: 8px;">TITLE</td><td></td></tr><tr><td style="font-size: 8px;">NAME</td><td></td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td></td></tr><tr><td style="font-size: 8px;">TITLE</td><td></td></tr><tr><td style="font-size: 8px;">NAME</td><td></td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td></td></tr></table></div><div style="width: 50%; text-align: center; vertical-align: middle; font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div></div>			TITLE	DCP	NAME	ECCLESTONE, E. L JR.	STREET ADDRESS	1555 PALM BEACH LAKES BLVD., STE. 1100	CITY-ST-ZIP	W. PALM BEACH, FL	TITLE	EVTD	NAME	COOPER, RON	STREET ADDRESS	1555 PALM BEACH LAKES BLVD., STE. 1100	CITY-ST-ZIP	W. PALM BEACH, FL	TITLE	S	NAME	GAMMON, NANNETTE	STREET ADDRESS	1555 PALM BEACH LAKES BLVD	CITY-ST-ZIP	WEST PALM BEACH, FL	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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<small>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</small>																																										
<div style="display: flex; align-items: center;"><div style="flex: 1;"><b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div style="flex: 1; text-align: center;"><b>RON COOPER</b> <b>EXECUTIVE VICE PRESIDENT</b></div><div style="flex: 1; text-align: right;"><small>Date</small> _____ <small>Daytime Phone #</small> _____</div></div>																																										