

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90192 006 ****50.00

DOCUMENT # L00000002986
 1. Entity Name
NORTHLAKE CORPORATE PARK LLC



Principal Place of Business Mailing Address
8895 N. MILITARY TRAIL, STE. E-201 **8895 N. MILITARY TRAIL, STE. E-201**
PALM BEACH GARDENS FL 33410 **PALM BEACH GARDENS FL 33410**

2. Principal Place of Business 3. Mailing Address
600 Sandtree Drive **600 Sandtree Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#109 **#109**

City & State City & State
Palm Beach Gardens, Florida **Palm Beach Gardens, Florida**
 Zip Country Zip Country
33403 **USA** **33403** **USA**

4. FEI Number Applied For
65-0998972 Not Applicable
 5. Certificate of Status Desired **\$5.00 Additional Fee Required**



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent
MCDONALD, DONNA
C/O CAPITAL REALTY ADVISORS, INC.
8895 N. MILITARY TRAIL, STE. E-201
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent
 Name
Donna McDonald
 Street Address (P.O. Box Number is Not Acceptable)
c/o Capital Realty Advisors, Inc.
600 Sandtree Drive, Suite 109
 City State Zip Code
Palm Beach Gardens **FL** **33403**

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 *Donna McDonald* DATE 3-12-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PANDE, LAWRENCE A JR. 8895 N. MILITARY TRAIL, STE. E-201 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Lawrence A Pande* Date 3/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE