

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002847

FILED  
Apr 19, 2004  
Secretary of State

Entity Name: LAKE BUENA VISTA JOINT VENTURE PHASE II, LLC

**Current Principal Place of Business:**

1725 UNIVERSITY DRIVE  
SUITE 450  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

1725 UNIVERSITY DRIVE  
SUITE 450  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

FEI Number: 65-1080712      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHERRIN, JEFFREY  
1725 UNIVERSITY DRIVE  
SUITE 450  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: PD ( ) Delete  
Name: SUTTON, SAMUEL R  
Address: 1725 UNIVERSITY DR #450  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: STD ( ) Delete  
Name: SHERRIN, JEFFREY  
Address: 1725 UNIVERSITY DR #450  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SUTTON, SAMUEL R  
Address: 1725 UNIVERSITY DR #450  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGR (X) Change ( ) Addition  
Name: SHERRIN, JEFFREY  
Address: 1725 UNIVERSITY DR #450  
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SAMUEL R SUTTON      MGR      04/19/2004

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date