

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Mar 24, 2005
Secretary of State**

DOCUMENT# L03000034633

Entity Name: 5115 LAKE LECLARE, LLC

Current Principal Place of Business:

10720 MONTAGUE STREET
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

10720 MONTAGUE STREET
TAMPA, FL 33626

New Mailing Address:

FEI Number: 20-0216061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, TOM F SR.
10720 MONTAGUE STREET
TAMPA, FL 33626 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: MGR () Delete
Name: BROWN, KATHERINE
Address: 10720 MONTAGUE STREET
City-St-Zip: TAMPA, FL 33626

Title: MGRM () Delete
Name: BROWN, TOM F SR.
Address: 10720 MONTAGUE STREET
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TOM F. BROWN, SR.

MR.

03/24/2005

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