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Apr 02, 2007 8:00 am
Secretary of State


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02-23-2007 90206 041 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000040829

1. Entity Name
 1494 N. LAKE WAY, LLC



Principal Place of Business Mailing Address
 12765 FOREST HILL BLVD., SUITE 1302 12765 FOREST HILL BLVD., SUITE 1302
 WELLINGTON, FL 33414 WELLINGTON, FL 33414

30003755



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02092007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~DE MENDOZA, MARIO G III~~
~~12765 FOREST HILL BLVD., SUITE 1302~~
~~WELLINGTON, FL 33414~~

7. Name and Address of New Registered Agent

Name **Mario G. de Mendoza, III, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
 12765 Forest Hill Blvd., Suite 1302

City Wellington FL Zip Code 33414

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, **Mario G. de Mendoza, III, P.A.**

SIGNATURE *[Signature]* **Mario G. de Mendoza, III, President** DATE **2/9/07**

Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	BEMPEY, W. GLENN	505 SOUTH FLAGLER DRIVE, SUITE 1300	WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR	Sommerville Hall, Lorrain Felicita	1494 N. Lake Way	Palm Beach, FL 33480	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 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: *[Signature]* Lorrain Felicita Sommerville Hall, *x*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE **10-2-07** Telephone # **561 844 9445**