

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040829

Entity Name: 1494 N. LAKE WAY, LLC

FILED
Feb 11, 2009
Secretary of State

Current Principal Place of Business:

12765 FOREST HILL BLVD., SUITE 1302
WELLINGTON, FL 33414

Current Mailing Address:

12765 FOREST HILL BLVD., SUITE 1302
WELLINGTON, FL 33414

New Principal Place of Business:

12765 FOREST HILL BLVD.
SUITE 1302
WELLINGTON, FL 33414 US

New Mailing Address:

12765 FOREST HILL BLVD.
SUITE 1302
WELLINGTON, FL 33414 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE MENDOZA, MARIO G III, PA
12765 FOREST HILL BLVD
SUITE 1302
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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

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: MARIO G. DE MENDOZA, III 02/11/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HALL, LORRAIN
Address: 12765 FOREST HILL BLVD STE 1302
City-St-Zip: WEST PALM BEACH, FL 33414

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SOMMERVILLE-HALL, LORRAIN F
Address: 12765 FOREST HILL BLVD STE 1302
City-St-Zip: WEST PALM BEACH, FL 33414 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LORRAIN F. SOMMERVILLE-HALL MGR 02/11/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date