.. 2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 08:00 AM Secretary of State **DOCUMENT # 255386** 1. Entity Name LAKÉ LUCIE ESTATES, INC. Principal Place of Business Mailing Address 2601 BISCAYNE BLVD BOX 370308 2601 BISCAYNE BLVD BOX 370308 MIAMI, FL 33137-4532 MIAMI, FL 33137-4532 02232004 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE Applied Fo 4. FEI Number 59-1317958 Not Applic \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIGUEZ, ANTONIO DO NOT WRITE 2601 BISCAYNE BLVD. MIAMI, FL 33137 IN THIS SPACE 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 account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DS GOLDSTEIN, MICHELLE NAME STREET ADDRESS 2601 BISCAYNE BLVD 0000000148541 0000004-90151-015 150.00 CITY-ST-ZIP MIAMI, FL DP TITLE MILLER, ROGER 2601 BISCAYNE BLVD. STREET ADDRESS CITY - ST - ZIP MIAMI, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

FILED

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or direct of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP