2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jul 15, 2004 8:00 am
Secretary of State
05-05-2004 90011 017 ****50.00

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04192004 Chg-LLC CR2E083 (10/03)

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1. Entity Name
1453 SAND LAKE, LLC

Principal Place of Business	Mailing Address
C/O WALTER I. LOICK 1111 N. BAYSHORE BLVD., UNIT A-15 CLEARWATER, FL 33759	~~C/O WALTER I. LOICK 1111 N. BAYSHORE BLVD., UNIT A-15 CLEARWATER, FL 33759~~ c/o Harvey Gortner
2. Principal Place of Business	3. Mailing Address: 800 Snug Island
Suite, Apt. #, etc.	Suite, Apt. #, etc. 727/461-6919
City & State	City & State: Clearwater, FL
Zip / Country	Zip: 33767-1833 Country: USA

4. FEI Number: 59-3446374 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAYMOND, J. PAUL
625 COURT ST., STE. 200
CLEARWATER, FL 33756
727/441-8966

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	~~General Partner - Remitt Corp~~ ☐ Delete	TITLE	Manager (Title) ☐ Change ☐ Addition
NAME	Walter Loick	NAME	
STREET ADDRESS	1111 N. Bayshore Blvd., Unit A-15	STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33759	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. 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 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: Walter Loick (WALTER I. LOICK) 6/28/04 828-743-3597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #