


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000000767**  
 1. Entity Name  
 LAKECREST OFFICE INVESTORS, L.L.C.



Principal Place of Business 2255 GLADES ROAD, SUITE 411-E ATTN: STANLEY D. GOTTSEGEN BOCA RATON, FL 33431	Mailing Address 2255 GLADES ROAD, SUITE 411-E ATTN: STANLEY D. GOTTSEGEN BOCA RATON, FL 33431
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**DO NOT WRITE IN THIS SPACE**



02172004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0978228	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 LAKECREST OFFICE ADVISORS, INC.  
 2255 GLADES ROAD, SUITE 411-E  
 ATTN: STANLEY D. GOTTSEGEN  
 BOCA RATON, FL 33431

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

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAKECREST OFFICE ADVISORS, INC. 2255 GLADES ROAD, SUITE 411-E BOCA RATON, FL 33431
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 04/08/04-80041-001 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Stanley D. Gottsegen* Date: 3/23/04 (541) 994-2212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

**STANLEY D. GOTTSEGEN**