2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000001774

1. Entity Name
MEADOW LAKES, LLC

Principal Place of Business	Mailing Address
744 HIGHLAND AVE. ORLANDO, FL 32803	744 HIGHLAND AVE. ORLANDO, FL 32803

03162004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3628957

☐ Applied For
☐ Not Applicable

☐ Status Desired ☐ **$5.00** Additional Fee Required

Name and Address of Current Registered Agent

744 HI
ORLAI
M
AVE.
32803

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8. The a[illegible] 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 o[illegible] registered agent.

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

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	STOKES DILL LLC
STREET ADDRESS	744 HIGHLAND AVE
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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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)(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: [signature] 4/28/04 407-648-8534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #