


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90192 006 \*\*\*\*50.00

<b>DOCUMENT # L00000002986</b>					
1. Entity Name <b>NORTHLAKE CORPORATE PARK LLC</b>					
Principal Place of Business <b>8895 N. MILITARY TRAIL, STE. E-201 PALM BEACH GARDENS FL 33410</b>			Mailing Address <b>8895 N. MILITARY TRAIL, STE. E-201 PALM BEACH GARDENS FL 33410</b>		
2. Principal Place of Business <b>600 Sandtree Drive</b> Suite, Apt. #, etc. <b>#109</b>		3. Mailing Address <b>600 Sandtree Drive</b> Suite, Apt. #, etc. <b>#109</b>			
City & State <b>Palm Beach Gardens, Florida</b>		City & State <b>Palm Beach Gardens, Florida</b>		4. FEI Number <b>65-0998972</b>	
Zip <b>33403</b>	Country <b>USA</b>	Zip <b>33403</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCDONALD, DONNA C/O CAPITAL REALTY ADVISORS, INC. 8895 N. MILITARY TRAIL, STE. E-201 PALM BEACH GARDENS FL 33410</b>			7. Name and Address of New Registered Agent Name <b>Donna McDonald</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o Capital Realty Advisors, Inc.</b> <b>600 Sandtree Drive, Suite 109</b> City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33403</b>		
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 <u><i>Donna McDonald</i></u> DATE <u><b>3-12-04</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					



MOORE CR2E083 (11/03)

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PANDE, LAWRENCE A JR. 8895 N. MILITARY TRAIL, STE. E-201 PALM BEACH GARDENS FL 33410</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Lawrence A. Pande*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/18/04**  
Date

Daytime Phone #