

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90078 040 ****50.00

DOCUMENT # L00000003255	
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1. Entity Name
HART LAKE ASSOCIATES, L.L.C.

Principal Place of Business
1154 HAVENDALE BLVD
WINTER HAVEN, FL 33881

Mailing Address
P.O. BOX 3096
WINTER HAVEN, FL 33885



2. Principal Place of Business

3. Mailing Address

7375 MILLBROOK OAKS DR. 7375 MILLBROOK OAKS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242005 Chg-LLC CR2E083 (10/03)

City & State
LAKE LAND, FL

City & State
LAKE LAND, FL

4. FEI Number
59-3727781

Applied For
Not Applicable

Zip
33813

Country
USA

Zip
33813

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWAIN REALTY COPORATION
1154 HAVENDALE BLVD
WINTER HAVEN, FL 33881

Name
TAMMY JENNINGS

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

2327 COUPLES DR.

City
LAKE LAND

FL Zip Code
33813

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 *Tammy Jennings - Office Mgr.* TAMMY JENNINGS 1/24/05
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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SWAIN, BRIAN
1154 HAVENDALE BLVD
WINTER HAVEN, FL 33881 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
HICKMAN, MICHAEL
7375 MILLBROOK OAKS DRIVE
LAKE LAND, FL 33813 ☐ Delete

TITLE
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/24/05 (863) 646-1166