

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90416 043 \*\*\*\*50.00

**DOCUMENT # L00000005475**

1. Entity Name

LA COCINA DEVELOPMENT, LLC



Principal Place of Business

5150 PALM VALLEY RD #200  
PONTE VEDRA FL 32082

Mailing Address

5150 PALM VALLEY RD #200  
PONTE VEDRA FL 32082

2. Principal Place of Business

1008 Oceanwood Dr. No.

3. Mailing Address

P.O. Box 50218

Suite, Apt. #, etc.

Neptune Beach, FL 32266

Suite, Apt. #, etc.

Jacksonville Beach, FL

City & State

City & State



MOORE

CR2E083 (11/03)

4. FEI Number

59-3650188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

Zip  
32266

Country  
DUAL

Zip  
32240

Country  
DUAL

6. Name and Address of Current Registered Agent

PATTERSON, BOND & LATSHAW, P.A.  
3010 SOUTH THIRD STREET  
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name: Lifestyles Management Services  
Street Address (Post Box Number is Not Acceptable): 1008 Oceanwood Drive No.  
City: Neptune Beach FL Zip Code: 32266

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

Sharon Fisher, CAM

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZYSKI, JERRY 5150 PALM VALLEY RD #200 PONTE VEDRA FL 32082	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.J. Wetherhold 922 So. 1st St. #202 Jacksonville Beach, FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gary Lane 922 So 1st St. #402 Jacksonville Beach, FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gary Marasse 922 So 1st St. #302 Jacksonville Beach, FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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:

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

Date

Daytime Phone #

Sharon Fisher

3/31/04 904-242-2655