


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000006147 1. Entity Name COUNTRY CLUB LAKES PROPERTIES, LLC	
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Principal Place of Business 4090 HODGES BOULEVARD JACKSONVILLE, FL 32224	Mailing Address 1575 NORTHSIDE DRIVE BUILDING 100, SUITE 200 ATLANTA, GA 30318
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07062004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3647709	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 September 8, 2004**

U00000171408
09/01/04-80005-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GEREE SUNCOAST, LLC 1575 NORTHSIDE DRIVE, N.W. ATLANTA, GA 30319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LISECKI, THERESA 4090 HODGES BLVD JACKSONVILLE, FL 32224
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**DO NOT WRITE
IN THIS SPACE**

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: Lisa Zayas LISA ZAYAS 8/20/04 (404) 367-6014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #