

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90003 015 ****50.00

DOCUMENT # L00000007396

1. Entity Name

WILLOW LAKES INVESTMENTS L.L.C.



Principal Place of Business

2875 NE 191 ST PH3A
MIAMI BEACH FL 33141

Mailing Address

666 71 STREET
MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1025092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required



MOORE

CR2E083 (11/03)

6. Name and Address of Current Registered Agent

ROUSSO, MARK E ESQ
2875 NE 191 ST PH3A
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Mark ROUSSO

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

18851 NE 29th Ave #900

City

Aventura

FL

Zip Code

33180

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Mark ROUSSO

04/29/04

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
LIPS, ALAN
2875 NE 191 ST PH3A
AVENTURA FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS / CHANGES

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

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 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 #

4/28/04