

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000010307

1. Entity Name
LANCASTER ORLANDO DEVELOPMENT, L.L.C.



Principal Place of Business

C/O CAPRI HOMES CORP
735 N. THORNTON AVE
ORLANDO, FL 32803

Mailing Address

C/O CAPRI HOMES CORP
735 N. THORNTON AVE
ORLANDO, FL 32803



01122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3673270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCHENA, MARCOS R
233 S. SEMORAN BLVD.
MARCHENA AND GRAHAM, P.A.
ORLANDO, FL 32807

**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 _____

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, 2004**

U000000041138
02/09/04-80076-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SIKES, FERNANDO 5145 CURRY FORD RD. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PRIETO, MARIO 735 N. THORNTON AVENUE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MENA, JUAN A 9752 N.W. 52ND ST., APT. 120 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LIFESTYLE BUILDERS OF ORLANDO INC PO BOX 568582 ORLANDO, FL 32856
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**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)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

02/03/04