2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000011180

1. Entity Name
NORTHLAKE ACQUISITION EAST, LLC

Principal Place of Business	Mailing Address
10400 GRIFFIN RD., #210 COOPER CITY, FL 33328	10400 GRIFFIN RD., #210 COOPER CITY, FL 33328

DO NOT WRITE IN THIS SPACE

03042004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-1042371	Not Applicable

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

6. Name and Address of Current Registered Agent

LEONARD, C. GLENN
4875 N. FEDERAL HWY., 10TH FLOOR
FT LAUDERDALE, FL 33308

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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 _____ _ROBERT WILLIAMSON_ _3/5/04_
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

9.

	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	WILLIAMSON, ROBERT
STREET ADDRESS	999 RIVIERA ISLE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ _3/5/04_ _954-454-79__
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #