2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000011466

1. Entity Name
LANTANA CORPORATE PARK, L.L.C.

Principal Place of Business	Mailing Address
2240 WOOLBRIGHT ROAD, SUITE 300 BOYNTON BEACH, FL 33426	2240 WOOLBRIGHT ROAD, SUITE 300 BOYNTON BEACH, FL 33426

DO NOT WRITE IN THIS SPACE

01092004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number 65-1049257	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

APPIGNANI, LOUIS J
2240 WOOLBRIGHT ROAD, SUITE 300
BOYNTON BEACH, FL 33426

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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**

U00000089669
03/15/04-80101-016 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	APPIGNANI, LOUIS J
STREET ADDRESS	2240 WOOLBRIGHT ROAD, SUITE 300
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: _____   3/11/04   561-364-55__

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #