

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 10, 2004 08:00 AM**  
**Secretary of State**

|                                              |                                                                                   |
|----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L00000015071</b>               |  |
| 1. Entity Name<br><b>DISCOVERY LAKES LLC</b> |                                                                                   |

|                                                                                               |                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Principal Place of Business<br><b>200 SOUTH ORANGE AVE., SUITE 2600<br/>ORLANDO, FL 32801</b> | Mailing Address<br><b>200 SOUTH ORANGE AVE., SUITE 2600<br/>ORLANDO, FL 32801</b> |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

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01262004 No Chg-LLC

CR2E083 (10/03)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FFI Number<br><b>59-3686571</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>INTRASTATE REGISTERED AGENT CORPORATION<br/>200 S. ORANGE AVENUE, SUITE 2600<br/>ORLANDO, FL 32801</b> |
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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 \_\_\_\_\_  
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<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>MGR<br/>THISTLE PROPERTIES LLC<br/>200 S. ORANGE AVE., SUITE 2600<br/>ORLANDO, FL 32801</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                                |

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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:** Margaret Thomson **MARGARET THOMSON** **MANAGER** 4/14/04 0114416982854  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #