\$50.00

## **2004 LIMITED LIABILITY COMPANY** \*\* ANNUAL REPORT

## Feb 17, 2004 8:00 am Secretary of State **DOCUMENT # L01000008531** 02-17-2004 90194 032 \*\*\*\*50.00 1. Entity Name WALNUT LAKES, LLC Principal Place of Business Mailing Address 8310 BIG ACORN: Circle 8310 BIG ACORN: Circle #1001 NAPLES, FL 34119 NAPLES, FL 34119 01072004 No Chg-LLC CB2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3743737 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSBOROUGH, KAREN DO NOT WRITE 8310 BIG ACORNIICITCLE #1001 IN THIS SPACE NAPLES, FL 34119 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE SAUNDRY ASSOCIATES INC NAME 8310 BIG ACORN Circle # 1001 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS City-ST-7/P TITLE NAME STREET ADDRESS

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 spipowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IAGING MEMBER, OR AUTHORIZED PRESENTATIVE

Daytime Phone #

FILED