

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014465

FILED
Jan 29, 2004
Secretary of State

Entity Name: EMBERS LAKE ESTATES, L.L.C.

Current Principal Place of Business:

330 NELSON RD.
CAPE CORAL, FL 33915

New Principal Place of Business:

Current Mailing Address:
PO BOX 152411
CAPE CORAL, FL 339152411

New Mailing Address:

FEI Number: 06-1633650 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THERRIEN, DAVID J
619 MW 2ND STREET
CAPE CORAL, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LETENDRE, RICHARD P
Address: 2200 FRONT ST
City-St-Zip: MANCHESTER, NH 03102

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: LETENDRE, RUSSELL R
Address: 101 W. RIVER RD.
City-St-Zip: HOOKSETT, NH 03106

Title: MGRM () Change (X) Addition
Name: ROBERTS, CYNTHIA J
Address: 101 W. RIVER RD.
City-St-Zip: HOOKSETT, NH 03106

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 electronic 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: RICHARD P. LETENDRE

MGR

01/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date