2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005
Secretary of State

DOCUMENT# L01000019306

Entity Name: LAKES PLAZA, LLC

Current Principal Place of Business:

6698 S US HWY 1
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

8452 S US HWY 1
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

PO BOX 7696
PORT SAINT LUCIE, FL 349857696

New Mailing Address:

FEI Number: 65-1158937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAVARETTA, STEPHEN
1100 SW ST. LUCIE WEST BLVD., STE. 203
PORT ST. LUCIE, FL 34986 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: MGRM ( ) Delete
Name: SNYDER, WARD
Address: 16 HERONS NEST
City-St-Zip: STUART, FL

Title: MGRM ( ) Delete
Name: SNYDER, LEONARD
Address: 16 HERONS NEST
City-St-Zip: STUART, FL

Title: MGRM ( ) Delete
Name: KELLER, JAY
Address: 2640 SW RIVER SHORES DRIVE
City-St-Zip: PT. ST. LUCIE, FL 34984

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WARD I SNYDER MGRM 03/18/2005

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