


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000020175 1. Entity Name COMLAK, LLC	
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Principal Place of Business 501 BRICKELL KEY DRIVE SUITE 504 MIAMI, FL 33131	Mailing Address 501 BRICKELL KEY DRIVE SUITE 504 MIAMI, FL 33131
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02162004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0375820	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, WESLEY M ESQ. 501 BRICKELL KEY DRIVE SUITE 504 MIAMI, FL 33131

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

000000087539
02/27/04-80004-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAMER, SUMMER 3100 CLAY AVENUE, SUITE 275 ORLANDO, FL 32804
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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: Sumner Kramer Sumner Kramer 2/24/2004 (407) 896-9059