


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000020175	
1. Entity Name COMLAK, LLC	

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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DO NOT WRITE IN THIS SPACE



02022005No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0375820	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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, 2005

1100000222543
02/10/05-80005-016 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: *Summer Kramer* **2/7/05** **407-896-9059**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #