2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 26, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # L020000116 A LAKES HOLDINGS, LLC	687			03-26-2004	90159 048 **		
Principal Place of Business 13032 SW 133RD CT. MIAMI, FL 33186		Mailing Address 13032 SW 133RD CT. MIAMI, FL 33186		i 110/151/1 B	24029 4 03			
Principal Place of Business 14600 S.W. 136 Street Suite, Apt. #, etc.		3. Mailing Address 111 S.W. 3rd Street Suite, Apt. #, etc. Sixth Floor		03232004	Chg-LLC	CR2E083 (10		
Miami, Florida		City & State Miami, Florida		4. FEI Numb 02-061			Applied For Not Applicable	
Zip 33186	Country USA	^{Zip} 33186	Country USA	5. Certificate	of Status Desired	≸ \$5.00 Fee Re	Additional quired	
	6. Name and Address of Current F	egistered Agent		7. Name an	d Address of New R	legistered Agent		
LIADDIO E	LLIOTT		Name					
HARRIS, ELLIOTT 111 SW 3RD STREET, 6TH FLOOR MIAMI, FL 33130			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
			City		·····	FL Zip	Code	
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	gistered office or reg	istered agent, or bo	oth, in the State of Flo	orida. I am familiar	with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Re	gistered Agent signature rec	quired when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
Filing Fee is \$50.00 Due by May 1, 2004					Make check payable to Florida Department of State			
9.	MANAGING MEMBEF	S/MANAGERS	10.		ADDITIONS	/CHANGES	F 12	
TITLE NAME STREET AODRESS CITY-ST-ZIP	MGRM HAV, LLC 550 PHARR RD., SUITE 220 ATLANTA, GA 30305	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORANGE LAKES DEVELOMENT, 13032 SW 133RD CT. MIAMI, FL 33186	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Ch	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Ch;		
 I hereby of indicated 	certify that the information supplied with on this report is true and accurate and t	this filing does not qualify for the hat my signature shall have the	e exemption stated i same legal effect as	n Section 119.07(3 s if made under oat)(i), Florida Statutes. h; that I am a manac	I further certify that	the information	

limited liability company of the receiver or trustee empowered to execute this report as required by Chapter-Ga Florida Statutes.

ORANGE LAKES DEVELOPMENT, INC.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/24/04 (305) 358-0146

Daytime Phone #