## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 08, 2004 8:00 am Secretary of State

SERIOR ADDITIONS OF STATE ADDRESS ON SERIOR ADDRESS OF STATE ADDRESS OF ST	1. Entity Nam	MENT # L0200001 EAKE TOWNHOMES, LLC				01-08-2004 90	0100 037 ****	
MATLAND, FL 32751  MATLAND, FL 3	Principal Place	e of Business	Mailing Address	<u>L</u>				
Suite. ADI 4. etc.  Suite. ADI 4. etc.  O1062004 Chg-LLC CR2E083 (10/00)  Leg Suite  City & State  City & State  City & State  City & State  4. FEI Number APPLIED For 9 - 0.05 70 7 1   Applied For APPLIED For 9 - 0.05 70 7 1   No. Applied For APPLIED For 9 - 0.05 70 7 1   No. Applied For APPLIED For 9 - 0.05 70 7 1   No. Applied For APPLIED For 9 - 0.05 70 7 1   No. Applied For APPLIED For 9 - 0.05 70 7 1   No. Applied For APPLIED For 9 - 0.05 70 7 1   No. Applied For APPLIED For 9 - 0.05 70 7 1   No. Applied For Project Applied For 9 - 0.05 70 7 1   No. Applied For 9 - 0.05 70 7 1   No. Applied For 9 - 0.05 70 7 1   No. Applied For 9 - 0.05 70 7 1   No. Applied For 9 - 0.05 70 7 1   No. Applied For 9 - 0.05 70 7 1   No. Applied For 9 - 0.05 70 7 1   No. Applied For 9 - 0.05 70 7 1   No. Applied For 9 - 0.05 70 7 1   No. Applied For 9 - 0.05 70 7 1   No. Applied For 9 - 0.05 70 7 1   No. Applied For 9 - 0.05 70 7 1   No. Applied For 9 - 0.05 70 7 1   No. Applied For 9 - 0.05 70 7 1   No. Applied For 9 - 0.05 70 7 1   No. Applied For 9 - 0.05 70 7 1   No. Applied For 9 - 0.05 70 7   No. Applied For 9 -	604 S. LAKE	SYBELIA DR.	604 S. LAKE SYBELIA DR	L				
City & State  Ci	2. Principal P	Place of Business	3. Mailing Address					
Zep Country Zep Country	Suite, Apt. #, etc.		Suite, Apt. #. etc.			01062004 Chg-LLC (	CR2E083 (10/03)	
Zip Country Zip Country 5. Country 6. Name and Address of New Registered Agent 7. Name Agent 7. N	City & State		City & State			4. FEI Number APPLIED FOR 90 - 005	9074 Ap	plied For
HAMPDEN, EDMUND P 604 S, LAKE SYBELIA DR.  MATTLAND, FL 32751  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and active deligations of registered agent.  Signal Filing Fee's is \$50.00  Bus by Illiany 1, 2004  Filing Fee's is \$50.00  Bus by	Zip	Country	Zip	Country			\$5.00 Add	itional
HAMPDEN, EDMUND P  60. STAKE SYBELIA DR.  MAITLAND, FL 32751  City FL Zip Code  6. The above named entity automits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam lamiliar with, and as the deligations of registered agent.  SIGNATURE  SIGNATURE  SQUALE TYPE STATE STATE  SQUALE TYPE STATE STATE  SQUALE TYPE STATE STATE  SQUALE TYPE STATE STATE  SQUALE TYPE STATE  SQUALE TYP		6. Hame and Address of Currer	nt Registered Agent			7. Name and Address of New Regis	itered Agent	
Street Acciness (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered diffico or registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent.  SIGNATURE  Signature, typed a presidence agent.  PUTE. Registered Agent agents required entity submits this statement for the purpose of changing its registered diffico or registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent. Or both. In the State of Florida. I am familiar with, and ac the obligations of registered agent. Or both. In the State of Florida. I am familiar with, and ac the obligations of registered agent. Or both. In the State of Florida. I am familiar with, and ac the obligations of registered agent. Or both. In the State of Florida. I am familiar with, and ac the obligations of registered agent. Or both. In the State of Florida. I am familiar with, and ac the obligations of registered agent. Or both. In the State of Florida. I am familiar with, and ac the obligations of registered agent. Or both. In the State of Florida. I am familiar with, and ac the obligations of registered agent. Or both. In the State of Florida. I am familiar with, and ac the obligations of Florida. I am familiar with, and ac the obligations of Florida. I am familiar with, and according to the familiar or according to the property of the propert	HAMPDEN	FOMUND P		Name	Name			
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent.  SIGNATURE    Signature   Signature special principles of registered agent.   OATE   Registered Apert signature requested when remaining)   OATE	604 S. LAF	KE SYBELIA DR.		Street Address		(P.O. Box Number is Not Acceptable)		
the obligations of registered agent.  SIGNATURE  Signature. Speak of present registered agent.  Filling Fee is \$50.00  Due by May 1, 2004  Sinet Address  On				City			FL Zip Code	
the obligations of registered agent.  SIGNATURE  Signature. Speak of present registered agent.  Filling Fee is \$50.00  Due by May 1, 2004  Sinet Address  On	# The above	named entity submits this statement	for the number of changing its re	enistered office (	or register	and ament, or hoth, in the State of Florida	• [,	and accept
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