

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000021279

1. Entity Name
LAKE BARTON, LLC



Principal Place of Business
**5300 EAST GRANT STREET
ORLANDO, FL 32812**

Mailing Address
**5300 EAST GRANT STREET
ORLANDO, FL 32812**



01282004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1852522

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MIMS, WILLIAM L JR., ESQ
320 NORTH MAGNOLIA AVENUE, SUITE A-9
ORLANDO, FL 32801**

**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

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SMITH, W.A.
STREET ADDRESS	5300 EAST GRANT STREET
CITY - ST - ZIP	ORLANDO, FL 32812
TITLE	MGRM
NAME	SMITH, FRANCES W
STREET ADDRESS	5300 EAST GRANT STREET
CITY - ST - ZIP	ORLANDO, FL 32812
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000057891
02/20/04-80007-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #