2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000021962

1. Entity Name

STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP

LAKÉS PLAZA EAGLE, LLC



Principal Place of Business

Mailing Address

3111 N. UNIVERSITY DRIVE STE 1000

CORAL SPRINGS, FL 33065

3111 N. UNIVERSITY DRIVE STE 1000 CORAL SPRINGS, FL 33065

FILED Apr 04, 2005 8:00 am Secretary of State

04-04-2005 90422 049 ****50.00

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03282005No Chg-LLC CR2E083 (10/03)

4. FEI Number	Applied For
11-3650655	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

WEIL, NORMAN I ESQ. 100 S.E. 2ND STREET, 17TH FLOOR MIAMI, FL 33131

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	e named entity submits this statement for the purpose of cha tions of registered agent.	anging its registere	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accep)t
SIGNATURE.					
			d Agent signature required when reinstating)	OATE	
F D	iling Fee is \$50.00 ue by May 1, 2005		·		
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBER, THOMAS P 3111 N. UNIVERSITY DRIVE STE 1000 CORAL SPRINGS, FL 33065				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAUL, JORDAN 3111 N. UNIVERSITY DRIVE STE 1000 CORAL SPRINGS, FL 33065				
TITLE				عبر المراجعين المائد ميدان الداء فينش كسيكي الراب	- 453

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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:	3/3//05	954340-0120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #