2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME. STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP

WEST PALM BEACH, FL 33402

FILED Anr 30, 2004 08:00 AM

				TAPI JU	, 2004 00.00 A		
DOCH	MENT # L02000028 ²	Secretary of State					
1. Entity Narr							
	ACH LAKES, L.L.C.						
**							
			4.11	1			
Principal Plac	e of Business	Mailing Address		j			
P.O. BOX 85		P.O. BOX 85	_				
WEST PALM	BEACH, FL 33402	WEST PALM BEACH, FL 3340	2				
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1				01092004 No Chg-LLC	CR2E083 (10/03)		
-	O NOT WRITE	IN THIS SPA	CE		1 10 -2		
L	C NOT WINTE	HE HING OF A		4. FEI Number 04-3719094	Applied For Not Applicable		
				04-37 19094			
			regions temperature	5. Certificate of Status Desired	☐ \$5.00 Additional Fee Required		
	6. Name and Address of Current F	egistered Agent	1	1			
	o, signo and riodices of services		1				
	N, SCOTT A	•		DO NOT W	RITE		
505 E. FL	AGLER DRIVE, SUITE 1010						
WEST PA	LM BEACH, FL 33401			IN THIS SF	PACE		
			[
8. The above	named entity submits this statement for	the purpose of changing its registe	red office or registe	red agent, or both, in the State of Fig	orida. I am familiar with, and accept		
the obliga	tions of registered agent.						
OLCULATION.							
SIGNATURE.	Signature, typed or printed name of registered agent as	d title if applicable. (NOTE: Register	ed Agent signature required	d when reinstating)	DATE		
	· ·	<u> </u>					
F	iling Fee is \$50.00						
P	ue by May 1, 2004			- Innonn	0144744		
9.	MANAGING MEMBER	RS/MANAGERS	- 		-80143-006 SU.00		
TITLE	MGR		1	And the Annual Part I	METIN NAME AMIRA		
NAME	JOHNSON, RICHARD S JR		I				
STREET ADDRESS	P.O. BOX 85		I				
C1TY-\$1-ZIP	WEST PALM BEACH, FL 33402	E = 50	1				
TITLE	MGR		1				
NAME	JOHNSON, SCOTT A		I				
STREET ADDRESS	P.O. BOX 85		1				
CITY-ST-ZIP	WEST PALM BEACH, FL 33402		1				
TITLE	MGR		1	-			
NAME	KOENIG, PATRICK C						
	P.O. BOX 85	·	1	DO NOT W	/DITE		

DO NOT WRITE IN THIS SPACE

11.	. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Prione #
SIGNATURE:		<u> </u>	-:	
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60	8, Florida Sta	lutes.		