

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000028915**

1. Entity Name

LAKE MORTON HEIGHTS APARTMENTS, LLC



Principal Place of Business

1903 S. CONGRESS AVENUE, SUITE 160  
BOYNTON BEACH, FL 33426

Mailing Address

1903 S. CONGRESS AVENUE, SUITE 160  
BOYNTON BEACH, FL 33426

**DO NOT WRITE IN THIS SPACE**



04192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

61-1430336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASCIO, CARL A  
525 N.E. 3RD AVENUE SUITE 102  
DELRAY BEACH, FL 33444

**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**

000000125752  
04/23/04-80006-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LUCIANI, JOHN W III  
1903 S CONGRESS AVE STE 160  
BOYNTON BEACH, FL 33426

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LUCIANI, DORIAN  
1903 S CONGRESS AVE STE 160  
BOYNTON BEACH, FL 33426

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

John W. Luciani, III MGRM 4/20/04

Date

Daytime Phone #

561-752-5255