

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

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|---|---|--|--|---|--|
| 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 | | |
| 2. Principal Place of Business Suite, Apt #, etc. | | | 3. Mailing Address Suite, Apt #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 61-1430336 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$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 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LUCIANI, JOHN W III 1903 S CONGRESS AVE STE 160 BOYNTON BEACH, FL 33426 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LUCIANI, DORIAN 1903 S CONGRESS AVE STE 160 BOYNTON BEACH, FL 33426 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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: _____ 3-29-05 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |