

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90068 011 ****50.00

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

20002940



3200 N. FEDERAL HWY
SUITE 121
BOCA RATON, FL 33431

3200 N. FEDERAL HWY
SUITE 121
BOCA RATON, FL 33431

162006 Chg-LLC CR2E083 (11/05)

EI Number 51-1430336 Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. MGRM
LUCIANI, JOHN W. III
3200 N. FEDERAL HWY, # 121
BOCA RATON, FL 33431 ☒ Change ☐ Addition

MGRM
LUCIANI, DORIAN
3200 N. FEDERAL HWY, # 121
BOCA RATON, FL 33431 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 NO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

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