


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90031 040 \*\*\*\*50.00

<b>DOCUMENT # L02000030111</b> 1. Entity Name LK OF DELRAY, LLC					
Principal Place of Business 1047 EAST ATLANTIC AVENUE DELRAY BEACH, FL 33483			Mailing Address 1047 EAST ATLANTIC AVENUE DELRAY BEACH, FL 33483		
2. Principal Place of Business 118 N 2nd St Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Fort Pierce, FL		City & State		4. FEI Number 47-0898594	
Zip 34950		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  HORGER, LEONARD 1047 EAST ATLANTIC AVENUE DELRAY BEACH, FL 33483				7. Name and Address of New Registered Agent  Name: Dennis G. Farris, PA Street Address (P.O. Box Number is Not Acceptable) Mizner Park Office Tower 225 NE Mizner Blvd, Ste 300 City: Boca Raton FL Zip Code: 33432	
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>8/19/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, DAVID K 1047 E ATLANTIC AVE DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sarah Green Mizner Park Office Tower, 225 NE Mizner, # 300 Boca Raton, FL 33432
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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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: <u>Sarah Green</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <u>8/11/04</u> <small>Date</small>	

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