

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000034937 1. Entity Name LAKESHORE ESTATES BUILDERS, LLC	
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Principal Place of Business 508-A CAPITAL CIRCLE S.E. TALLAHASSEE, FL 32301	Mailing Address 508-A CAPITAL CIRCLE S.E. TALLAHASSEE, FL 32301
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06072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4227945	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WIENER, BRUCE I 1300 THOMASWOOD DRIVE TALLAHASSEE, FL

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6. 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 September 8, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TURNER, FREDERICK E 508-A CAPITAL CIRCLE S.E. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TURNER, DOUGLAS E 508-A CAPITAL CIRCLE S.E. TALLAHASSEE, FL 32301
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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: D. Turner **6/10/04** **656-4663**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #