

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003060

FILED
Apr 06, 2005
Secretary of State

Entity Name: LEWMIKE, L.L.C.

Current Principal Place of Business:

5150 BELFORT RD., BLDG. 100
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 59-3764448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N
5150 BELFORT RD., BLDG. 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DONZIGER, MICHAEL
Address: 8638 PHILLIPS HIGHWAY, SUITE 3
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete
Name: SCHNEIDER, MICHAEL
Address: 5150 BELFORT ROAD BLDG. 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete
Name: HOROVITZ, ELLIOTT
Address: 7791 BELFORT PARKWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete
Name: LEVE, WARREN
Address: 165 SEA ISLAND DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: WOLCHOK, EUGENE
Address: 9020 BAY COVE LANE
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM () Delete
Name: ESTATE OF LEWIS ANSB, ACHER
Address: 5150 BELFORT ROAD, BLDG 100
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL SCHNEIDER

MGRM

04/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date