2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 25, 2004 8:00 am Secretary of State

-	ANNUAL	REPORT	ويسد المدوي
DOOLINGENE #	1.0200000	200	

DOCUMENT # L0300006286 1. Entity Name LAKE ROUSSEAU RV PARK AND FISHING RESORT, LLC				05-10-2	004 9001	0 050 **	**150.00	
Principal Place of Business Mailing Address			0.84	AM916	1	•		
155 BACOM POINT ROAD PAHOKEE, FL 33476 PAHOKEE, FL 33476			341	07319	3			
2. Principal P	Maca of Business	3. Mailing Address						
			T I TEM HEN MIL MATERY INCOMPANT MET IN	BID BEIN BEIM BUI	N II SAN INDIN AM	Will KI LINES		
7			01262004 Chg-LLC	CR2E08	3 (10/03)			
City & Stat	te	City & State			4. FEI Number 56-232 742	7		plied For t Applicable
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired		5.00 Add	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New		•	
NOMICKI	MADE			Name			•	\
NOWICKI, MARK J 14155 U.S. HIGHWAY ONE, SUITE 210 JUNO BEACH, FL 33408		Street Address (P.O. Box Number is Not Acceptal	ile)				
				City		>	Zip Code	
& The share	named entity submits this statement for	the surpose of obsession its	rociotor	·	and agont or both in the Ctate of	PL		
the obligat	tions of registered agent		ıeğısıer	aci office or register	red agent, or both, in the state of t	Yorida. Tam 18	milier wich,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registers	d Agent eignature required	(when refreshing)	DATE		
					Part of the		10070	Company.
F	lling Fee is \$50.00 ue by May 1, 2004				Me	ke check pa la Departme	yable to i	3.0
9.	MANAGING MEMBE	DS (MANIAGEDS	10.			S/CHANGES	The state of the s	S. Y. Sales
TITLE	MGR	Delete	TITU		AUDITION	· · · · · ·	☐ Change	Addition
NAME	HATTON, JO BRITTON	<u> </u>	HAM					
STREET ADDRESS	155 BACOM POINT ROAD	•		ET ADORESS				
CITY STEZIP	PAHOKEE, FL 33476		+	-ST-ZIP		<u> </u>		
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STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Delete	STRE CITY TITLI NAM	ET ADORESS -ST-ZIP E			Change	Addition .
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	STRE CITY TITLI NAM STRE	ET ADDRESS -ST-ZIP E E ET ADDRESS			Change	Addition .
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with		STRE CITY TITLI NAM STRE CITY	ET ADDRESS - ST-ZIP E E ET ADDRESS - ST-ZIP	uction 119 (7/(3Yi) Florida Stehuten		•	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby indicated	certify that the information supplied with on this report is true and accurate and billity company or the receiver or trustee	this filing does not qualify for that my signature shall have	STRECTLY TITLE NAM STRECTLY The exe	ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP mption stated in Se s logal effect as if n	nade under oath; that I am a man	. Hurther certi	ly that the in	formation
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