2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State
04-05-2004 90493 015 ****50.00

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DOCUMENT # L03000006323

1. Entity Name
RANCH COLONY PARCEL K, LLC

34003641

Principal Place of Business
~~3040 SE DOWNWINDS ROAD~~
JUPITER, FL 33478

Mailing Address
C/O WARD, DAMON & POSNER, P.A.
4420 BEACON CIR.
WEST PALM BEACH, FL 33407

03242004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1000 N US HWY ONE	
Suite, Apt. #, etc. BERMUDA 403	Suite, Apt. #, etc.
City & State JUPITER, FL.	City & State
Zip 33477 Country USA	Zip Country

4. FEI Number 51-0458226 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POSNER, MICHAEL J ESQ.
4420 BEACON CIR. SUITE 100
WEST PALM BEACH, FL 33407

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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LORENZI, STEVE 3040 SE DOWNWINDS ROAD JUPITER, FL 33478	☐ Delete	MGR LORENZI, STEVE 1000 N. US HWY ONE, BERMUDA 403 JUPITER, FL 33477	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HAGSHENAS, BRUCE 929 SO. ALPINE ROAD SUITE 402 ROCKFORD, IL 61108	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Steve Lorenzi, STEVE LORENZI 3/31/04 561 7457707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #