

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 11, 2004 8:00 am
Secretary of State

02-25-2004 90321 001 ***110.00

DOCUMENT # L03000006867

1. Entity Name

LAKE LOTS, LLC



Principal Place of Business

21859 STATE ROAD 54
SUITE 800
LUTZ FL 33549
US

Mailing Address

P.O. BOX 2133
LUTZ FL 33548
US

34001300



MOORE CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Fee Number

10-1075123

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOGER, DAVID
21859 STATE ROAD 54
SUITE 800
LUTZ FL 33549

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME BOGER, DAVID
STREET ADDRESS 21859 STATE ROAD 54, SUITE 800
CITY-ST-ZIP LUTZ FL 33549

TITLE MGRM
NAME BOGER, BRAD
STREET ADDRESS 21859 STATE ROAD 54, SUITE 800
CITY-ST-ZIP LUTZ FL 33549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DAVID BOGER

2/11/04

Date

813-949-0074

Daytime Phone #