

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90114 001 \*\*\*\*50.00

**DOCUMENT # L03000007299**

1. Entity Name  
LMK WINSTON PARK ASSOCIATES L.L.C.



Principal Place of Business  
4901 NORTH FEDERAL HIGHWAY, SUITE 100  
FORT LAUDERDALE, FL 33308

Mailing Address  
4901 NORTH FEDERAL HIGHWAY, SUITE 100  
FORT LAUDERDALE, FL 33308

**34010205**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08262004 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-6054227

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARBER, KENNETH T  
4901 NORTH FEDERAL HIGHWAY, SUITE 100  
FORT LAUDERDALE, FL 33308

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 September 8, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SOLE MANAGER  
KENNETH T. BARBER  
4901 N. FEDERAL HIGHWAY, #100  
FT. LAUDERDALE, FL 33308

☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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☐ 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:

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

Date

Daytime Phone #

8/27/2004