

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90494 040 ****50.00

DOCUMENT # L03000007636

1. Entity Name
LAKE WYMAN ROAD, LLC



Principal Place of Business
1311 NEWPORT CENTER DRIVE WEST, SUITE C
DEERFIELD BEACH, FL 33342

Mailing Address
1311 NEWPORT CENTER DRIVE WEST, SUITE C
DEERFIELD BEACH, FL 33342

240030



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
33-1048677

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET
MIAMI BEACH, FL 33139

Name
Albert R. Capellini
Street Address (P.O. Box Number is Not Acceptable)
1311 Newport Center Drive West
Suite C
City
Deerfield Beach FL Zip Code
33442

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

Albert R. Capellini Albert Capellini, Member

3-15-04

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when changing agent.)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME CAPELLINI, ALBERT A
STREET ADDRESS 1311 NEWPORT CENTER DRIVE WEST, SUITE C
CITY-ST-ZIP DEERFIELD BEACH, FL 33342

TITLE MGR ☐ Delete
NAME DUBOIS, JERRY W
STREET ADDRESS 1311 NEWPORT CENTER DRIVE WEST, SUITE C
CITY-ST-ZIP DEERFIELD BEACH, FL 33342

TITLE MGR ☐ Delete
NAME GALLO, WILLIAM J
STREET ADDRESS 1311 NEWPORT CENTER DRIVE WEST, SUITE C
CITY-ST-ZIP DEERFIELD BEACH, FL 33342

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

Albert R. Capellini Albert Capellini, Member

954-480-2800

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

3/13/04

Daytime Phone #