## 2005 LIMITED LIABILITY COMPANY ANNUACREPORT

## **FILED** Feb 17, 2005 08:00 AM DOCUMENT # L03000010445 **Secretary of State** LAKÉ MARY ENTERPRISE, L.L.C. Principal Place of Business\_ Mailing Address 4700 MILLENIA BOULEVARD STE. 175 4700 MILLENIA BOULEVARD STE. 175 ORLANDO, FL 32839 ~ORLANDO, FL 32839 02072005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 77-0597290 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DECUBELLIS & MEEKS, P.A. DO NOT WRITE 837 N GARLAND AVENUE ORLANDO, FL 32801 IN THIS SPACE 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, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE DORR, CHARLES S NAME 4700 MILLENIA BOULEVARD, SUITE 175 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32839 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not quality 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.

STREET ADDRESS CITY-ST-ZIP

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

Daytime Phone #