

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000013105

**FILED**  
**Feb 24, 2004**  
**Secretary of State**

**Entity Name:** BEAUCLAIRE ESTATES II, LLC

**Current Principal Place of Business:**

5301 CONROY ROAD, SUITE 140  
ORLANDO, FL 32811

**New Principal Place of Business:**

7087 GRAND NATIONAL DRIVE  
SUITE 100  
ORLANDO, FL 32819

**Current Mailing Address:**

5301 CONROY ROAD, SUITE 140  
ORLANDO, FL 32811

**New Mailing Address:**

7087 GRAND NATIONAL DRIVE  
SUITE 100  
ORLANDO, FL 32819

**FEI Number:** 57-1165660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANE, LAURALYN  
15350 VINOLA DRIVE  
MONTVERDE, FL 34756 US

**Name and Address of New Registered Agent:**

LANE, LAURALYN  
7087 GRAND NATIONAL DRIVE  
SUITE 100  
ORLANDO, FL 32819 US

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.

SIGNATURE:

02/24/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: LANE, LAURALYN  
Address: 15350 VINOLA DRIVE  
City-St-Zip: MONTEVERDE, FL 34756

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LANE, LAURALYN  
Address: 7087 GRAND NATIONAL DRIVE, SUITE 100  
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LAURALYN LANE

MGR

02/24/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date