
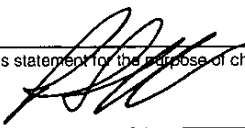
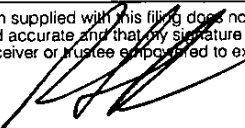


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90104 004 ****50.00

DOCUMENT # L03000013492					
1. Entity Name 1220 LAKE PARK PARTNERS, LLC					
Principal Place of Business 159 COMMODORE DRIVE JUPITER, FL 33477			Mailing Address 159 COMMODORE DRIVE JUPITER, FL 33477		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WHITMIRE, DRENNEN L JR 450 ROYAL PALM WAY, 6TH FLOOR PALM BEACH, FL 33480				Name <u>Robert Needle</u> Street Address (P.O. Box Number is Not Acceptable) <u>5201 Village Blvd</u> City <u>WPB</u> , FL Zip Code <u>33407</u>	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM			TITLE	MGRM
NAME	BRUNO, AL	<input type="checkbox"/> Delete		NAME	Robert Needle
STREET ADDRESS	159 COMMODORE DR.			STREET ADDRESS	5201 Village Blvd
CITY-ST-ZIP	JUPITER, FL 33477			CITY-ST-ZIP	WPB, FL 33407
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: 				Date <u>1/10/05</u> Daytime Phone # <u>561-687-1901</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					