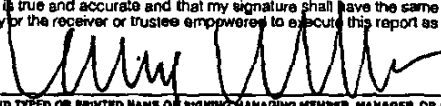


FILED
May 14, 2004 8:00 am
Secretary of State

04-30-2004 90076 037 ****55.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000014976			
1. Entity Name CORNER LAKE, LLC			
Principal Place of Business 636 NORTH RIO GRANDE AVENUE ORLANDO, FL 32805 US		Mailing Address 636 NORTH RIO GRANDE AVENUE ORLANDO, FL 32805 US	
2. Principal Place of Business 1100 Town Plaza Ct.		3. Mailing Address Same as #2	
Suite, Apt. #, etc. 2010		Suite, Apt. #, etc.	
City & State Winter Springs, FL		City & State	
Zip 32708	Country U.S.A.	Zip	Country
4. FEI Number 20-0688435		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HAGEN, DEBORAH D. 636 NORTH RIO GRANDE AVENUE ORLANDO, FL FL		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
MGRM HAGEN CUSTOM HOMES, LLC 636 NORTH RIO GRANDE AVENUE ORLANDO, FL 32805 ☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
MGRM JORDAN EDVENTURES, LLC 800 WESTWOOD SQUARE, SUITE E OVIEDO, FL 32765 ☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
☐ Delete		☐ Change ☐ 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 #			