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

34006142

Principal Place of Business
636 NORTH RIO GRANDE AVENUE
ORLANDO, FL 32805 US

Mailing Address
636 NORTH RIO GRANDE AVENUE
ORLANDO, FL 32805 US

01092004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1100 Town Plaza Ct.	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 ____________________
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
MGRM	HAGEN CUSTOM HOMES, LLC	636 NORTH RIO GRANDE AVENUE	ORLANDO, FL 32805	☐ Delete
MGRM	JORDAN EDVENTURES, LLC	800 WESTWOOD SQUARE, SUITE E	OVIEDO, FL 32765	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

10. ADDITIONS/CHANGES

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