

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90133 029 \*\*\*\*50.00

**DOCUMENT # L03000015844**

1. Entity Name  
**PARK LAKE INVESTMENT, L.L.C.**



Principal Place of Business  
**3500 GULF BLVD., APT. 408  
BELLEAIR BEACH, FL 33786**

Mailing Address  
**3500 GULF BLVD., APT. 408  
BELLEAIR BEACH, FL 33786**

14060000



2. Principal Place of Business  
**737 MAIN STREET**

3. Mailing Address  
**737 MAIN STREET**

Suite, Apt. #, etc.  
**SUITE 201**

Suite, Apt. #, etc.  
**SUITE 201**

06302004 Chg-LLC CR2E083 (10/03)

City & State  
**SAFETY HARBOR FLORIDA**

City & State  
**SAFETY HARBOR FLORIDA**

4. FEI Number  
**54-2126288**

Applied For  
Not Applicable

Zip  
**34695**

Country  
**U.S.A.**

Zip  
**34695**

Country  
**U.S.A.**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOORE, STEVEN W  
8200 BRYAN DAIRY ROAD, SUITE 300  
LARGO, FL 33777**

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 September 8, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CARDEN-LOVELL, RODERICK H  
3500 GULF BLVD., APT. 408  
BELLEAIR BEACH, FL 33786** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
EVANS, LESLIE GEORGE  
3500 GULF BLVD., APT. 408  
BELLEAIR BEACH, FL 33786** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CARDEN-LOVELL, RODERICK H  
737 MAIN ST, SUITE 201  
SAFETY HARBOR, FL 34695** ☒ Change ☐ Addition

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

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

TITLE  
NAME  
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CITY-ST-ZIP  
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TITLE  
NAME  
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CITY-ST-ZIP  
☐ 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

**JULY 7TH 2004**

Date

Daytime Phone #