

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90159 022 ****50.00

DOCUMENT # L03000023469			
1. Entity Name WEST LAKE CENTER, LLC			
Principal Place of Business 11226 OAK SHORE LANE CLERMONT, FL 34711		Mailing Address 11226 OAK SHORE LANE CLERMONT, FL 34711	
2. Principal Place of Business 1110 Mason Avenue		3. Mailing Address 600 Partridge Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Daytona Beach, FL		City & State Marco Island, FL	
Zip	Country	Zip	Country
4. FEI Number 20-0881838		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LANGFORD, E. C. 1715 WEST CLEVELAND STREET TAMPA, FL 33606		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	MGRM CREGO DEVELOPMENT CORP., INC. 11226 OAK SHORE LANE CLERMONT, FL 34711 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mack Smith 600 Partridge Court Marco Island, FL 34145 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ray Chladny 9403 S. Indian River Drive Ft. Pierce, FL 34982 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: 		Mack Smith (910) 874-1625	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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