


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90494 022 ****50.00

DOCUMENT # L03000027140			
1. Entity Name LAKE MARY DANCE STUDIO, L.L.C.			
Principal Place of Business 1709 SHADOWMOSS CIRCLE LAKE MARY, FL 32746		Mailing Address 1709 SHADOWMOSS CIRCLE LAKE MARY, FL 32746	
2. Principal Place of Business 3599 W. Lake Mary Blvd		3. Mailing Address 3599 W. Lake Mary Blvd	
Suite, Apt. #, etc. Suite 1-E		Suite, Apt. #, etc. Suite 1-E	
City & State Lake Mary, FL		City & State Lake Mary, FL	
Zip 32746		Zip 32746	
Country USA		Country USA	
4. FEI Number 562379252		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FOOS, HELEN B 1709 SHADOWMOSS CIRCLE LAKE MARY, FL 32746		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 <u><i>Helen B. Foos</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>4/1/04</i></u>			

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOOS, HELEN B 1709 SHADOWMOSS CIRCLE LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Helen B. Foos* DATE *4/1/04* DAYTIME PHONE # *407-330-1304*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE