

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

03-09-2004 90292 030 ****50.00

DOCUMENT # L03000030156					
1. Entity Name LOUIS LAKE ISLAND, LLC.					
Principal Place of Business 8190 MUIRHEAD CIRCLE BOYNTON BEACH FL 33437			Mailing Address 8190 MUIRHEAD CIRCLE BOYNTON BEACH FL 33437		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0284881	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DUFFEY, BRIAN K 7601 NORTH FEDERAL HIGHWAY, STE 200 BOCA RATON FL 33487-1607			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 state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete			TITLE NAME STREET ADDRESS 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: Gayle Lionelli 3-1-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					