


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000031243	
1. Entity Name EAST LAKE, LLC	

Principal Place of Business 541 S ORLANDO AVE STE 306 MAITLAND, FL 32751	Mailing Address 541 S ORLANDO AVE STE 306 MAITLAND, FL 32751
-----------------------------------------------------------------------------------	-----------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



04282005No Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2375634	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

GRAHAM, JESSE E JR, ESQ
GRAHAM, BUILDER, JONES, ET AL
369 NORTH NEW YORK AVE, 3RD FLOOR
WINTER PARK, FL 32789

DO NOT WRITE
IN THIS SPACE

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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COGAN, CHRISTOPHER C 300 LAKE SEMINARY CIRCLE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: CHRISTOPHER C COGAN **4/29/05** **407 843-7111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #