

# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

<b>DOCUMENT # L03000033235</b>					
<b>1. Entity Name</b> JOHNS LAKE POINTE, LLC					
<b>Principal Place of Business</b> 1548 LANCASTER TERRACE JACKSONVILLE, FL 32204			<b>Mailing Address</b> 1548 LANCASTER TERRACE JACKSONVILLE, FL 32204		
<b>2. Principal Place of Business</b> 840 Edgewood Ave. South		<b>3. Mailing Address</b> 1650-302 Margaret Street			
Suite, Apt. #, etc. <b>Suite 220</b>		Suite, Apt. #, etc. PMB 382			
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>		<b>4. FEI Number</b> 59-3566719	
Zip <b>32205</b>		Country <b>USA</b>		Zip <b>32204-3869</b>	
Country <b>USA</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  FRAZIER, CLARENCE F 1548 LANCASTER TERRACE JACKSONVILLE, FL 32204			<b>7. Name and Address of New Registered Agent</b> Name Clarence F. Frazier Street Address (P.O. Box Number is Not Acceptable) 840 Edgewood Avenue, South Suite 220 City Jacksonville FL Zip Code 32205		
<b>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.</b> SIGNATURE <u>Clarence F. Frazier</u> <b>Clarence F. Frazier, Registered Agent 4/6/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$50.00</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RETUS GROUP, INC. 1548 LANCASTER TERRACE JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700037665767 06/04/04--01032--021 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Max Suter</u> <b>Max Suter, President of Mgr. Mem. 4/6/04 (904)614-1717</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

FILED

04 MAY 18 AM 10:33

SEC. OF STATE  
TALLAHASSEE, FLORIDA

MJH



04052004 Chg-LLC CR2E083 (10/03) 518

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

Name  
Clarence F. Frazier  
Street Address (P.O. Box Number is Not Acceptable)  
840 Edgewood Avenue, South  
Suite 220  
City  
Jacksonville FL Zip Code  
32205

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 Clarence F. Frazier **Clarence F. Frazier, Registered Agent 4/6/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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SIGNATURE: Max Suter **Max Suter, President of Mgr. Mem. 4/6/04 (904)614-1717**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #