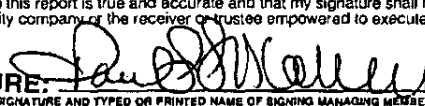


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 02, 2004 8:00 am
Secretary of State

01-20-2004 90207 037 ***158.75

DOCUMENT # L03000038265 1. Entity Name LAKE MARY DEVELOPMENT LLC			
Principal Place of Business 8019 N. HIMES AVENUE, SUITE 400 TAMPA, FL 33614		Mailing Address 8019 N. HIMES AVENUE, SUITE 400 TAMPA, FL 33614	
2. Principal Place of Business 8019 N Himes Ave Suite, Apt. #, etc. SUITE 401 City & State TAMPA, FL Zip 33614		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA	
4. FEI Number 20-0349533		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		01082004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent SAMSON, PAUL 618 S. LOIS AVENUE TAMPA, FL 33609		7. Name and Address of New Registered Agent Name ☒ Street Address (P.O. Box Number is Not Acceptable) 8019 N. Himes Ave #401 TAMPA, FL 33614 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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 SAMSON, PAUL 8019 N. Himes Ave #401 TAMPA, FL 33614	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAMSON, PAUL 8019 N Himes Ave #401 TAMPA, FL 33614
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
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
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: 		1/15/04 (813) 935-5687 x10	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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