FILED
Feb 02, 2004 8:00 am
Secretary of State
01-20-2004 90207 037 ***158.75

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000038265

1. Entity Name
LAKE MARY DEVELOPMENT LLC

66400528

Principal Place of Business
8019 N. HIMES AVENUE, SUITE 400
TAMPA, FL 33614

Mailing Address
8019 N. HIMES AVENUE, SUITE 400
TAMPA, FL 33614

01082004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business: 8019 N Himes Ave
Suite, Apt. #, etc.: SUITE 401
City & State: TAMPA, FL
Zip: 33614 Country: USA

3. Mailing Address
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 20-0349533 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SAMSON, PAUL
~~618 S. LOIS AVENUE~~ 8019 N. Himes Ave #401
~~TAMPA, FL 33609~~ TAMPA, FL 33614

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SAMSON, PAUL
STREET ADDRESS	~~618 S. LOIS AVENUE~~ 8019 N. Himes Ave #401
CITY-ST-ZIP	~~TAMPA, FL 33609~~ TAMPA, FL 33614

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10. ADDITIONS/CHANGES

TITLE	MGRM
NAME	SAMSON, PAUL
STREET ADDRESS	8019 N HIMES AVE #401
CITY-ST-ZIP	TAMPA, FL 33614

☒ Change ☐ 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: _____ 1/15/04 (813) 935-5087 x10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #