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

01082004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
8019 N Himes Ave	
Suite, Apt. #, etc.: Suite 401	Suite, Apt. #, etc.:
City & State: Tampa, FL	City & State:
Zip: 33614 Country: USA	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	7. Name and Address of New Registered Agent
SAMSON, PAUL ~~618 S. LOIS AVENUE~~ 8019 N. Himes Ave #401 ~~TAMPA, FL 33609~~ TAMPA, FL 33614	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 ____________________ DATE
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 ~~618 S. LOIS AVENUE~~ 8019 N. Himes Ave #401 ~~TAMPA, FL 33609~~ TAMPA, FL 33614 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMSON, PAUL 8019 N HIMES AVE #401 TAMPA, FL 33614 ☒ Change ☐ Addition
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: [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 #