## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 29, 2004 8:00 am Secretary of State

| DOCUMENT # L03000045834  1. Entity Name LAKE EOLA BUILDERS, LLC  |  |  |  |   | 04-29-2004 90068 044 ****55.00                                     |   |   |  |                              |
|--|--|--|--|---|--|---|---|--|------------------------------|
| Principal Place<br>1800 33RD ST<br>ORLANDO, FL   | T., STE. 200   | Mailing Address<br>1800 33RD ST., STE. 20<br>ORLANDO, FL 32839 | 00   |   |  |   |   |  |                              |
|  |  |  |  |   |  |   |   |  |                              |
| 2. Principal Place of Business   |  | 3. Mailing Address   |  |   |  | [ <b>]                                   </b>                   |   | [0]                                    |                              |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  | 04012004  | Chg-LLC  | CR2E08  | 3 (10/03)                                 |  |                              |
| City & State   |  | City & State   |  |   | 4. FEi Number  | 20-051932   | 23  | <del></del>                            | plied For<br>Applicable      |
| Zip  | Country  | Zip  | Count  | try   | 5. Certificate o   | Status Desired  |   | 5.00 Addi                              | itional                      |
| · ·  | 6. Name and Address of Current F                         | Registered Agent   |  |   | 7. Name and A  | ddress of New R   |   |  |                              |
| OWENS, A   | NDREW D  |  |  | Name  |  |   |   |  |                              |
| 1800 33RD<br>ORLANDO.  | ST:, STE. 200  | Street Ad  |  |   | ess (P.O. Box Number is Not Acceptable)                            |   |   |  |                              |
| ONDAINEO,  | , 1 E 02000  |  |  |   |  | -   |   |  |                              |
|  |  |  |  | City  | · <u></u> -  |   | 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.  |  |  |  |   |  |   |   |  |                              |
| - ŞIGNATURE _  | Signature, typed or printed name of registered agent a   | and title if somicable /NOTE                                   | Regusterer   | d Agent signature required  | when reinstation   | , , , , , , , , , , , , , , , , , , ,                           | DATE                                      | <u> </u>                               | <del></del> .                |
|  | Signature, 19000 or printed having or registered against | the wappingase. (Note:   | registeret   | O Aport signature taquitou  | w.ic.rrematating)  | <del> </del>  |   |  |                              |
| Filing Fee is \$50.00<br>Due by May 1, 2004  |  |  |  |   |  | Make check payable to Florida Department of State               |   |  |                              |
|  |  |  |  |   | A 100 100 11   |   |   |  | ,                            |
| 9. <b>Du</b>   |  |  | 10.  |   |  |   | <b>Departme</b> CHANGES                   | ent of State                           |                              |
| Du Du  | e by May 1, 2004   | RS/MANAGERS  | 10.  | 1   |  | Florida<br>ADDITIONS/   | <b>Departme</b> CHANGES                   |  | Addition                     |
| 9. TITLE NAME STREET ADDRESS   | e by May 1, 2004   |  | TITLE<br>NAMI<br>STRE  | E Jan   | mes M. Pe<br>17 Butler   | ADDITIONS/<br>rtree<br>Bay Drive                                | Departme CHANGES  e Nort                  | Change                                 |                              |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | e by May 1, 2004   | ☐ Delete   | TITLE<br>NAMI<br>STRE  | E Jar<br>ET ADDRESS 22<br>-ST-ZIP W1:   | mes M. Pe<br>17 Butler<br>ndermere,                                | ADDITIONS/<br>rtree<br>Bay Drive                                | Departme CHANGES  e Nort                  | Change                                 | ☐ <b>X</b> Addition          |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | e by May 1, 2004   |  | TITLE NAME STREE CITY TITLE NAME   | E Ja: ET ADDRESS 22 -ST-ZIP W1: MG E An   | mes M. Pe<br>17 Butler<br>ndermere,                                | ADDITIONS/ rtree Bay Drive                                      | Departme CHANGES  e Nort                  | Change                                 |                              |
| 9. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE   | e by May 1, 2004   | ☐ Delete   | TITLE NAME STREE CITY TITLE NAME STREE   | E Jai ET ADDRESS 22 -ST-ZIP W1  | mes M. Pe<br>17 Butler<br>ndermere,<br>RM<br>drew D. O<br>6 Wekiva | ADDITIONS/ rtree Bay Drive FI. 3479 wens Landing Dr             | Departme CHANGES  e Nort                  | Change                                 | ☐ <b>X</b> Addition          |
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