

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/11/

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

05-11-2004 90002 019 \*\*\*\*50.00

34001010



<b>DOCUMENT # L03000045974</b> 1. Entity Name <b>WESCOTT - TOWER LAKE, LLC</b>					
Principal Place of Business <b>2933 WEST STATE ROAD 434 SUITE 131 LONGWOOD, FL 32779</b>			Mailing Address <b>2933 WEST STATE ROAD 434 SUITE 131 LONGWOOD, FL 32779</b>		
2. Principal Place of Business <b>6000 MetroWest Blvd Suite, Apt. #, etc: Suite 105 City &amp; State Orlando FL Zip 32835</b>		3. Mailing Address <b>6000 MetroWest Blvd Suite, Apt. #, etc: Suite 105 City &amp; State Orlando FL Zip 32835</b>		04302004 Chg-LLC CR2E083 (10/03)	
4. FEI Number <b>20-0383267</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TATICH, PHILIP 341 NORTH MAITLAND AVE. SUITE 340 MAITLAND, FL 32751</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</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	<b>MANAGING MEMB</b> <b>Joseph Kantoe</b> <b>6000 MetroWest Blvd Suite 105</b> <b>Orlando FL 32835</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMB</b> <b>Moche Zili</b> <b>6000 MetroWest Blvd Suite 105</b> <b>Orlando FL 32835</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> _____ <b>Joseph Kantoe Managing Member</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>					