## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORTS

## FILED Sep 21, 2004 8:00 am Secretary of State 08-23-2004 90153 020 \*\*\*\*50.00

## ANNUAL REPORT

DOCUMENT # L03000049865 1. Entity Name \*\* BROOKE LAKES, L.L.C. Principal Place of Business Mailing Address 34010511 5529 U.S. HIGHWAY 98 NORTH 5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809 LAKELAND, FL 33809 2. Principal Place of Business Malling Address Suite, Apt. #, etc.: Suite, Apt. #, etc. 08132004 CR2E083 (10/03) Chg-LLC City & State City & State Applied For 4. FEI Number *34-201374*2 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAUNDERS, JOE L 5529 U.S. HIGHWAY 98 NORTH Street Address (P.O. Box Number is Not Acceptable) LAKELAND, FL: 33809 City 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, hyped or printed name of registered agent and tide if applicable. Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE Change ■ Addition NAME SAUNDERS, JOE L NAME STREET ADDRESS **5529 U.S. HIGHWAY 98 NORTH** STREET ADORESS CITY-ST-ZIP LAKELAND, FL 33809 CITY-ST-ZIP TITLE MGTHA Delete DIE ☐ Change Addition KIENHIFTH F. WILHTEUN NAME NUME STREET ADDRESS 5529 US HWY 98 H STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change A 400 tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IIRE ☐ Change ☐ Addition NAME MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TETLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.