2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000002107

1. Entity Name
LAKE HUNTLEY TRIPLEX, LLC

Principal Place of Business	Mailing Address
1609 S.W. 5TH STREET FORT LAUDERDALE, FL 33312	1609 S.W. 5TH STREET FORT LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE

04242008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
02-0057881
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALSH, JOHN
1609 S.W. 5TH STREET
FORT LAUDERDALE, FL 33312

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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)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000929959
05/21/08-80065-016 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	WALSH, JOHN
STREET ADDRESS	1609 S.W. 5TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	MGRM
NAME	MOLEPSKE, MARK
STREET ADDRESS	3430 NORTH LAKE SHORE DRIVE, #9L
CITY-ST-ZIP	CHICAGO, IL 60657
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John Walsh John Walsh 4-24-08 863-465-3371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #