

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90061 011 ****50.00

DOCUMENT # L04000053204

1. Entity Name
LAKE LEASING GROUP, LLC.



Principal Place of Business
19926 N.E. 36 PLACE
AVENTURA, FL 33180 US

Mailing Address
P.O. BOX 80-0519
AVENTURA, FL 33280-0519 US

20004191



2. Principal Place of Business
64 MAIN ST - 2ND FLOOR
Suite, Apt. #, etc.

3. Mailing Address
64 MAIN ST - 2ND FLOOR
Suite, Apt. #, etc.

City & State
MILLBURN, NJ
Zip
07041
Country
USA

City & State
MILLBURN, NJ
Zip
07041
Country
USA

01142005 Chg-LLC CR2E083 (10/03)

4. FEI Number
51-0515101

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, SCOTT N
19926 N E 36 PLACE
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name
JACK TALABISLO
Street Address (P.O. Box Number is Not Acceptable)
5215 WHITE OAK LANE
City
TAMARA FL Zip Code
33319

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
[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE
1/15/05

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BROWN, SCOTT N
19926 N E 36 PLACE
AVENTURA, FL 33180 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PLIMACK, ROBERT
345 EAST 86 STREET - APT 6B
NEW YORK, NY 10021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ROTH, STEVEN
18 CROSS GATES
SHORT HILLS, NJ 07873 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TALABISCO, JACK
5215 WHITE OAK LANE
TAMARA, FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/15/05 954-803-3848