


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90128 010 \*\*\*\*50.00

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # L04000073086</b><br>1. Entity Name<br><b>602 LAKE LLC</b>   |   |  |  |  |  |
| Principal Place of Business<br><b>12 SOUTH DIXIE HIGHWAY, SUITE 203<br/>LAKE WORTH, FL 33460</b>  |   |  | Mailing Address<br><b>12 SOUTH DIXIE HIGHWAY, SUITE 203<br/>LAKE WORTH, FL 33460</b>   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country   |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country  |   |  |
| 02082005    Chg-LLC    CR2E083 (10/03)  |   |  |  | 4. FEI Number<br><b>51-0526727</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WENZEL, JOAN E<br/>12 SOUTH DIXIE HIGHWAY, SUITE 203<br/>LAKE WORTH, FL 33460</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE  |   |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |   |  |  | <b>Make check payable to<br/>Florida Department of State</b>                      |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGRM<br/>WENZEL, JOAN E<br/>12 SOUTH DIXIE HIGHWAY, SUITE 203<br/>LAKE WORTH, FL 33460</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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> <i>Joan Wenzel</i>  |   |  | Date <i>2/16/05</i>  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Daytime Phone #  |   |  |  |   |  |