


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90071 027 \*\*\*\*50.00

|   |  |   |
|---|--|---|
| DOCUMENT # L04000078293                 |  |  |
| 1. Entity Name<br>SAND LAKE SHOPPES LLC |  |   |

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| Principal Place of Business<br>C/O SAND LAKE SIGNS LLC<br>849 WYMORE ROAD, SUITE 50<br>ALTAMONTE SPRINGS, FL 32714 | Mailing Address<br>C/O SAND LAKE SIGNS LLC<br>849 WYMORE ROAD, SUITE 50<br>ALTAMONTE SPRINGS, FL 32714 |
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| 2. Principal Place of Business<br>Sand Lake Shoppes LLC<br>Suite, Apt. #, etc.<br>849 Wymore Rd, Suite 50<br>City & State<br>Altamonte Springs, FL<br>Zip<br>32714<br>Country<br>USA | 3. Mailing Address<br>Sand Lake Shoppes LLC<br>Suite, Apt. #, etc.<br>849 Wymore Rd, Suite 50<br>City & State<br>Altamonte Springs, FL<br>Zip<br>32714<br>Country<br>USA |
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01262005 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number<br>30-0281060  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                               |

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| 6. Name and Address of Current Registered Agent<br>ABRIOLA, GARY<br>800 SEMORAN PARK DRIVE<br>WINTER PARK, FL 32792 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
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| Filing Fee is \$50.00<br>Due by May 1, 2005 | Make check payable to<br>Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ABRIOLA, GARY<br>800 SEMORAN PARK DRIVE<br>WINTER PARK, FL 32792 <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 | MGR<br>ABRIOLA, DENNIS J<br>800 SEMORAN PARK DRIVE<br>WINTER PARK, FL 32792 <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 | MGR<br>ABRIOLA, RONALD V<br>800 SEMORAN PARK DRIVE<br>WINTER PARK, FL 32792 <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 |
| 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 |
| 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.

SIGNATURE: Gary Abriola 1-25-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #