


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90592 039 \*\*\*\*50.00

<b>DOCUMENT # L04000082518</b> 1. Entity Name <b>EAST LAKE TOWN CENTER, LLC</b>					
Principal Place of Business <b>2655 MCCORMICK DRIVE</b> <b>CLEARWATER, FL 33759</b>			Mailing Address <b>2655 MCCORMICK DRIVE</b> <b>CLEARWATER, FL 33759</b>		
2. Principal Place of Business <b>2655 McCormick Dr.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Clearwater, FL</b>		City & State City & State		4. FEI Number <b>03082005 Chg-LLC CR2E083 (10/03)</b>	
Zip <b>33759</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TEW, JOEL R ESQUIRE</b> <b>2655 MCCORMICK DRIVE</b> <b>CLEARWATER, FL 33759</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 designated to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> <u>Joel R. Tew</u> <b>Joel R. Tew</b> <b>3/9/05</b> <b>(771) 799-2882</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					