

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-14-2006 90030 039 ****50.00

DOCUMENT # L04000082518 1. Entity Name EAST LAKE TOWN CENTER, LLC					
Principal Place of Business 2655 MCCORMICK DRIVE CLEARWATER, FL 33759 US			Mailing Address 2655 MCCORMICK DRIVE CLEARWATER, FL 33759		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TEW, JOEL R ESQUIRE 2655 MCCORMICK DRIVE CLEARWATER, FL 33759			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Addition
NAME	TEW, JOEL R			NAME	
STREET ADDRESS	2655 MCCORMICK DRIVE			STREET ADDRESS	<input checked="" type="checkbox"/> Addition
CITY- ST- ZIP	CLEARWATER, FL 33759			CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	<input type="checkbox"/> Addition
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
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: Joel R. Tew, Manager 4/10/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	