

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

04-15-2005 90017 019 ****50.00

DOCUMENT # L04000085602					
1. Entity Name LAKE MARIE, LLC					
Principal Place of Business 6001 BROKEN SOUND PARKWAY, STE. 600 BOCA RATON, FL 33487			Mailing Address 6001 BROKEN SOUND PARKWAY, STE. 600 BOCA RATON, FL 33487		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02072005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-1944412				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNARE, JAMES H II 11780 U.S. HIGHWAY #1, STE. 300 NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lake Marie, LLC ☒ Delete 6001 Broken Sound Parkway Boca Raton, FL 33487 #600		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Change ☒ Addition SILVER CAPITAL MANAGER, LLC 6001 BROKEN SOUND PARKWAY #600 BOCA RATON FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Change ☒ Addition SILVER CAPITAL, LLC 6001 BROKEN SOUND PARKWAY #600 BOCA RATON FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Change ☒ Addition MINNEAPOLIS HOLDINGS LLC 1201 CENTRAL PARK BLVD FREDERICKSBURG, VA 22401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Paul S. Eikin 5/8/05 501/981-5252 Date Daytime Phone #		