

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086728

FILED
Apr 27, 2005
Secretary of State

Entity Name: LAKOTEGA PROPERTIES LLC

Current Principal Place of Business:

PO BOX 1701
ST PETERSBURG, FL 33731 US

New Principal Place of Business:

315 BETHEL AVE S
ST PETERSBURG, FL 33705 US

Current Mailing Address:

PO BOX 1701
ST PETERSBURG, FL 33731 US

New Mailing Address:

315 BETHEL AVE S
ST PETERSBURG, FL 33705 US

FEI Number: 20-1995759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALUBINSKAS, KOVAS I
315 BETHEL AVE S
ST PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PALUBINSKAS, KOVAS I
Address: PO BOX 1701
City-St-Zip: ST PETERSBURG, FL 33731 US

Title: MGR () Delete
Name: PALUBINSKAS, LAIMA
Address: PO BOX 1701
City-St-Zip: ST PETERSBURG, FL 33731 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PALUBINSKAS, KOVAS I
Address: 315 BETHEL AVE S
City-St-Zip: ST PETERSBURG, FL 33705 US

Title: MGRM (X) Change () Addition
Name: PALUBINSKAS, LAIMA
Address: 315 BETHEL AVE S
City-St-Zip: ST PETERSBURG, FL 33705 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KOVAS I. PALUBINSKAS

MGRM

04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date