

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90314 008 \*\*\*\*50.00

DOCUMENT # L05000046753

1. Entity Name  
CC LAKE MARY REALTY, LLC



60048843

Principal Place of Business  
201 ALHAMBRA CIRCLE STE 601  
CORAL GABLES, FL 33134

Mailing Address  
201 ALHAMBRA CIRCLE STE 601  
CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #  
6340 Sunset Drive  
Suite, Apt. #, etc.

3. Mailing Address  
6340 Sunset Drive  
Suite, Apt. #, etc.



02052007 Chg-LLC CR2E083 (12/06)

City & State  
Miami, FL  
Zip  
33143  
Country

City & State  
Miami, Florida  
Zip  
33143  
Country

4. FEI Number  
20-2832911  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R  
201 ALHAMBRA CIRCLE STE 601  
CORAL GABLES, FL 33134

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME FILEDSTONE, RONALD R  
STREET ADDRESS 201 ALHAMBRA CIR., #601  
CITY-ST-ZIP CORAL GABLES, FL 33134 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition  
NAME Tomas Cabrera  
STREET ADDRESS 6340 Sunset Drive  
CITY-ST-ZIP Miami, FL 33143

TITLE MGR ☐ Change ☒ Addition  
NAME Maurice Cayon  
STREET ADDRESS 3857 W 16 Avenue, 2nd Fl.  
CITY-ST-ZIP Hialeah, FL 33012

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

TOMAS CABRERA, MGR. 04/17/07 305-779-8054