

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90481 041 ****50.00

DOCUMENT # L05000053023

1. Entity Name:
EST LAKE WALES LLC



Principal Place of Business
2875 N.E. 191 STREET, PH1
AVENTURA, FL 33180

Mailing Address
2875 N.E. 191 STREET, PH1
AVENTURA, FL 33180

00042360



03012007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1729735

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, TED
8030 PETERS ROAD, SUITE D-104
PLANTATION, FL 33324

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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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SREDNI, ERWIN 2875 NE 191 STREET, PH 1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BROD, CAREN 2875 NE 191 STREET PH1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TABACINIC, FELA 2875 NE 191 STREET PH1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 606, Florida Statutes

SIGNATURE:

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

Date

Daytime Phone #