


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L05000053023 1. Entity Name EST LAKE WALES LLC |  |
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|--|--|
| Principal Place of Business 2875 N.E. 191 STREET, PH1 AVENTURA, FL 33180 | Mailing Address 2875 N.E. 191 STREET, PH1 AVENTURA, FL 33180 |
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DO NOT WRITE IN THIS SPACE



01042008No Chg-LLC CR2E083 (12/07)

| | |
|---|---------------------------------------|
| 4. FEI Number 16-1729735 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

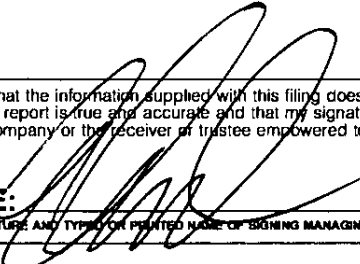
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 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 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000853957
03/26/08-80088-015 138.75

**DO NOT WRITE
IN THIS SPACE**

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:  3/5/08 _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #