

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000094288

Entity Name: SQUARE LAKE 105, LLC

**FILED**  
**Apr 09, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

8409 NORTH MILITARY TRAIL  
SUITE 105  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

8409 NORTH MILITARY TRAIL  
SUITE 105  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARROW, CLAY S  
8409 NORTH MILITARY TRAIL  
SUITE 105  
PALM BEACH GARDENS, FL 33410 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: HARROW, CLAY S  
Address: 8409 NORTH MILITARY TRAIL, SUITE 105  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CLAY S. HARROW

MGR

04/09/2007

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