

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L97000000333**

1. Entity Name  
INDIAN LAKE INVESTMENTS, L.C.



Principal Place of Business  
6500 N.W. 72 AVENUE  
MIAMI, FL 33166

Mailing Address  
6500 N.W. 72 AVENUE  
MIAMI, FL 33166



04112005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0741968	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LAGE, GONZALO M  
6500 N.W. 72 AVENUE  
MIAMI, FL 33166

**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

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	COHEN, MARK D
STREET ADDRESS	4000 HOLLYWOOD BLVD STE 485 S.
CITY-STATE-ZIP	HOLLYWOOD, FL 33021

TITLE	MGRM
NAME	LAGE, GONZALO M
STREET ADDRESS	6500 NW 72 AVENUE
CITY-STATE-ZIP	MIAMI, FL 33166

TITLE	MGRM
NAME	CHALBAUD, LUIS RAMON
STREET ADDRESS	6500 NW 72ND AVE
CITY-STATE-ZIP	MIAMI, FL 33166

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000332619  
04/26/05-80065-012 \$5.00

11. I hereby certify that the information supplied with this filing does not qualify 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 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:**

**LUIS R. CHALBAUD**

**4/22/05**

**(305) 436-9787 Ext.117**

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

Date

Daytime Phone #