

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-11-2004 90211 012 ****55.00

34000808



MOORE CR2E083 (11/03)

DOCUMENT # L99000000140 1. Entity Name LAKE LIMO OF LAKE COUNTY, L.L.C.																																	
Principal Place of Business 321 SOUTHRIDGE INDUSTRIAL DRIVE TAVARES FL 32778			Mailing Address 321 SOUTHRIDGE INDUSTRIAL DRIVE TAVARES FL 32778																														
2. Principal Place of Business		3. Mailing Address																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																															
City & State		City & State																															
Zip	Country	Zip	Country	4. FEI Number 59-3551432 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>																													
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required																																	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																														
HAERTEL, JEFFREY A 321 SOUTHRIDGE INDUSTRIAL DRIVE TAVARES FL 32778			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>																														
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 <i>Jeffrey A. Haertel</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>1/26/04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>																														
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGR HAERTEL, JEFFREY A 321 SOUTHRIDGE INDUSTRIAL DRIVE TAVARES FL 32778 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAERTEL, JEFFREY A 321 SOUTHRIDGE INDUSTRIAL DRIVE TAVARES FL 32778 <input type="checkbox"/> Delete													10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: <i>JEFFREY A. HAERTEL</i> <i>Jeffrey A. Haertel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>2/20/04</i> Daytime Phone # <i>352-742-2808</i>																														