2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000000799

1. Entity Name
LAKE LECLARE PROPERTY, L.L.C.

Principal Place of Business	Mailing Address
2303 S. HESPERIDES TAMPA, FL 33629	2303 S. HESPERIDES TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

03202004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

REIBER, SAM I
601 E. TWIGGS STREET, SUITE 200
TAMPA, FL 33602

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

U00000108314
04/09/04-80051-013 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ARTZIBUSHEV, CONSTANTIN
STREET ADDRESS	1525 W. HILLSBOROUGH AVENUE
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	MGRM
NAME	PHILLIPS, THOMAS G
STREET ADDRESS	2303 S. HESPERIDES
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	MGRM
NAME	HYATT, HENRY
STREET ADDRESS	1525 W. HILLSBOROUGH AVENUE
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	MGRM
NAME	HYATT, SUSAN I
STREET ADDRESS	1525 W. HILLSBOROUGH AVENUE
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	MGRM
NAME	LEON, HERMAN
STREET ADDRESS	1525 W. HILLSBOROUGH AVENUE
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	MGRM
NAME	LEON, ESPERANZA
STREET ADDRESS	1525 W. HILLSBOROUGH AVENUE
CITY-ST-ZIP	TAMPA, FL 33603

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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: G. Phillips Thomas Managing Partner 4/5/04 813-251-3062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #