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
2303 S. HESPERIDES
TAMPA, FL 33629

Mailing Address
2303 S. HESPERIDES
TAMPA, FL 33629

03202004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

U000000108314
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.

G. Phillips Thomas

SIGNATURE: G. Phillips Thomas Managing Partner 4/5/04 813-225-3065 2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #