

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90057 012 ****50.00

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|---|--|--|---|--|--|
| DOCUMENT # L99000001256 1. Entity Name LAKELAND RESIDENCES L.L.C. | | | | | |
| Principal Place of Business 1901 W. CYPRESS CREEK ROAD, SUITE 415 FORT LAUDERDALE, FL 33309 | | | Mailing Address 1901 W. CYPRESS CREEK ROAD, SUITE 415 FORT LAUDERDALE, FL 33309 | | |
| 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 36-4286623 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | 04222005 Chg-LLC CR2E083 (10/03) | | |
| 6. Name and Address of Current Registered Agent CHETEK, STEPHEN A 1901 W. CYPRESS CREEK ROAD, SUITE 415 FORT LAUDERDALE, FL 33309 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR CHETEK, STEPHEN A 1901 W. CYPRESS CREEK ROAD, SUITE 415 FORT LAUDERDALE, FL 33309 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR MULTACK, DAVID 660 LA SALLE PLACE, #260 HIGHLAND PARK, IL 60035 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR EVANS, ARTHUR 180 N. LASALLE STREET CHICAGO, IL 60601 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR ANDRE, KENNETH R 8833 GROSS POINT ROAD, SUITE 209 SKOKIE, IL 60077 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR MULTACK, DAVID 660 LA SALLE PLACE, STE 2C HIGHLAND PARK, IL 60035 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR EVANS, ARTHUR 130 S. JEFFERSON, STE 500 CHICAGO, IL 60661 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR ANDRE, KENNETH R. 520 LAKE COOK RD, STE 450 DEERFIELD, IL 60015 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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: | | Date 4/26/05 Daytime Phone # 847 926 4422 | | | |