

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90074 032 ****55.00

DOCUMENT # L99000001336

1. Entity Name
LAKE MARY CENTER ASSOCIATES LLC



Principal Place of Business
**4403 VINELAND ROAD
B-15
ORLANDO, FL 32811**

Mailing Address
**4403 VINELAND ROAD
B-15
ORLANDO, FL 32811**

24057569



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
59-3566623

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FALCONER, MATTHEW J
1701 CHELTENBOROUGH DR.
ORLANDO, FL 32835**

Name **FALCONER, MATTHEW J.**
Street Address (P.O. Box Number is Not Acceptable)
**4403 VINELAND RD
SUITE B-15
ORLANDO FL 32811**

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GARROW, VINCENT
15 EAST 40TH STREET, SUITE 340
NEW YORK, NY 10016** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FALCONER, MATTHEW J
1701 CHELTENBOROUGH DR.
ORLANDO, FL 32835** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FALCONER, MATTHEW J.
4403 VINELAND RD, STE B-15
ORLANDO, FL 32811** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

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

4-23-04

Date

407-650-9100

Daytime Phone #