


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000005410  
1. Entity Name  
151 LOOKOUT PLACE, L.L.C.



Principal Place of Business 151 LOOKOUT PLACE SUITE 110 MAITLAND, FL 32751	Mailing Address 151 LOOKOUT PLACE SUITE 110 MAITLAND, FL 32751
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  
  
KUTNER, STEVEN R  
151 LOOKOUT PLACE  
SUITE 110  
MAITLAND, FL 32751

**DO NOT WRITE  
IN THIS SPACE**

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, 2004**

UN00000072573  
03/01/04-80116-015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOLLANDER, ROBERT E 151 LOOKOUT PLACE SUITE 201 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GILDEN, IAN L 151 LOOKOUT PLACE SUITE 110 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KUTNER, STEVEN R 151 LOOKOUT PLACE SUITE 110 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 808, Florida Statutes.

SIGNATURE Robert E. Thollander Robert E. Thollander 2/28/04 407-629-7747  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #