

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90196 041 \*\*\*150.00

**DOCUMENT # L99000007880**

1. Entity Name  
EAST LAKE WOODLANDS PLAZA, LLC



Principal Place of Business

% JAMES L. CASE, P.A.  
2810 E. OAKLAND PARK BLVD, #102  
FORT LAUDERDALE, FL 33306

Mailing Address

% JAMES L. CASE, P.A.  
2810 E. OAKLAND PARK BLVD, #102  
FORT LAUDERDALE, FL 33306

**DO NOT WRITE IN THIS SPACE**



02062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
14-7128297

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CASE, JAMES L  
2810 EAST OAKLAND PARK BOULEVARD, STE 102  
FORT LAUDERDALE, FL 33306

**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 \_\_\_\_\_

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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CASE, JAMES L  
% 2810 E. OAKLAND PARK BLVD., #102  
FORT LAUDERDALE, FL 33306

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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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)(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 OR AUTHORIZED REPRESENTATIVE

2/9/04

Date

954-563-1000

Daytime Phone #