

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90073 041 \*\*\*\*50.00

**DOCUMENT # L99000008058**

1. Entity Name

LAKE MARY BOULEVARD 17-92 L.C.



Principal Place of Business

1030 W. INTERNATIONAL SPEEDWAY BOULEVARD  
STE 201  
DAYTONA BEACH, FL 32114

Mailing Address

C/O CHARLES WAYNE PROPERTIES #201  
1030 W. INTERNATIONAL SPEEDWAY BOULEVARD  
DAYTONA BEACH, FL 32114

24000000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

59-3610680

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

TOWER, DEVIN  
1030 W. INTERNATIONAL SPEEDWAY BOULEVARD  
DAYTONA BEACH, FL 32114

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

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 MGRM ☐ Delete  
NAME TOWER, DEVIN  
STREET ADDRESS 1030 W. INTERNATIONAL SPEEDWAY BOULEVARD  
CITY-ST-ZIP DAYTONA BEACH, FL 32114

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

TITLE MGRM ☐ Delete  
NAME LICHTIGMAN, CHARLES  
STREET ADDRESS 1030 W. INTN' SPEEDWAY BLVD.  
CITY-ST-ZIP DAYTONA BEACH, FL 32114

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME MGRM  
STREET ADDRESS 1300 Martland CR Parkway Ste 306  
CITY-ST-ZIP Martland FL 32151

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

Date

Daytime Phone #