## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M00000002392**

1. Entity Name
CA LANTANA LLC



Principal Place of Business

CITY - ST - ZIP

SIGNATURE:

3250 MARY STREET, SUITE 202 COCONUT GROVE, FL 33133 Mailing Address

C/O CHANCELLOR BEACON ACADEMIES, INC. 3250 MARY STREET, STE 202 - LESLIE PEÑA COCONUT GROVE, FL 33133

## FILED Jan 09, 2004 08:00 AM Secretary of State



 $\Box$ 

01052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1056732 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

		IN	IN THIS SPACE	
	named entity submits this statement for the purpose of char ions of registered agent.	liging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2004		Ţ: . · · · · · · · · · · · · · · · · · ·	
9.	MANĀĞĪNG MEMBERS/MANAGERS			
THILE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHANCELLOR BEACON ACADEMIES, INC. 3250 MARY STREET, SUITE 202 COCONUT GROVE, FL 33133			
TITLE MAME SIRRET ADDRESS CITY-ST-ZIP			U00000001514 01/12/04-80812-006 400.00	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS			<del></del>	

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