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## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # M02000003471** LAKÉ COUNTY LLC

Principal Place of Business

7 PENN PLAZA, SUITE 618 NEW YORK, NY 10001

Mailing Address

7 PENN PLAZA, SUITE 618 NEW YORK, NY 10001

## **FILED** Feb 27, 2004 08:00 AM Secretary of State



01282004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 42-6632022	 Applied For Not Applicable	
5. Certificate of Status Desired	 \$5.00 Additional Fee Required	

6,	Name and	Address	of Current	Registere	d Agent

NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301

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		IIV I FILE	3 SPACE
	named entity submits this statement for the purpose of changions of registered agent.	ging its registered office or registered agent, or both, 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
F	iling Fee is \$50.00 ue by May 1, 2004	Z::	V00000068676 /27/04- <b>9</b> 0050-021- <b>50</b> .00
9.	MANĀĢING MEMBERS/MANAGERS _		
BILE NAME SIREET ADDRESS CHY+ST-ZIP	MGRM THE GERTRUDE FEIL MARITAL TRUST 7 PENN PLAZA, SUITE 618 NEW YORK, NY 10001		
TIPLE NAME STREET ADDRESS CITY-ST-ZIP			-
TITLE NAME STREET ADDRESS CXTY-ST-ZIP		DO NO	OT WRITE
TITLE NAME SIREET ADDRESS CHY-SI-ZIP		IN THI	S SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

11. I hereby certify that the information supplied with this filling 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 is course 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 race get or truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINT D NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #