


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000003483
1. Entity Name
LAKE MARY BUSINESS CENTER LLC



Principal Place of Business Mailing Address
1105 SCHROCK ROAD STE. 206 1105 SCHROCK ROAD STE. 206
COLUMBUS, OH 43229 COLUMBUS, OH 43229

DO NOT WRITE IN THIS SPACE



02162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 51-0436763	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LCARDI, JEFFREY A
549 WYMORE ROAD NORTH, STE 109
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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAS-LMBC, INC 1105 SCHROCK ROAD STE. 206 COLUMBUS, OH 43229
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04/19/04-80097-010 50.00

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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: Tom D. McDay J.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____