

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90504 044 ****50.00

DOCUMENT # M03000001349

1. Entity Name

EASTERN LAKE VILLAGE SERIES LLC



Principal Place of Business

**5950 BERKSHIRE LANE, STE 1440
DALLAS TX 75225**

Mailing Address

**5950 BERKSHIRE LANE, STE 1440
DALLAS TX 75225**

2. Principal Place of Business

9362 Hollow Way Rd

Suite, Apt. #, etc.

3. Mailing Address

9362 Hollow Way Road

Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

Dallas TX 75220

Zip

Country

USA

City & State

Dallas TX 75220

Zip

Country

USA

4. FEI Number

75-2911096

Applied For

Not Applicable

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

**CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL ST
TALLAHASSEE FL 32303**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME WILLIAMS, WORTH
STREET ADDRESS 5950 BERKSHIRE LANE, STE 1440
CITY-ST-ZIP DALLAS TX 75225

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9362 Hollow Way Rd
CITY-ST-ZIP DALLAS TX 75220

TITLE MGR ☐ Delete
NAME BUMPAS, W. SCOTT
STREET ADDRESS 4008 BRYN MAWR
CITY-ST-ZIP DALLAS TX 75225

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9362 Hollow Way Rd
CITY-ST-ZIP DALLAS TX 75220

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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

5/18/04

Date

(214) 987-2266

Daytime Phone #