

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001349

FILED  
Jun 28, 2005  
Secretary of State

**Entity Name:** EASTERN LAKE VILLAGE SERIES LLC

**Current Principal Place of Business:**

9362 HOLLOW WAY RD.  
DALLAS, TX 75220

**New Principal Place of Business:**

**Current Mailing Address:**

9362 HOLLOW WAY RD.  
DALLAS, TX 75220

**New Mailing Address:**

FEI Number: 75-2911096      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: WILLIAMS, WORTH  
Address: 9362 HOLLOW WAY RD  
City-St-Zip: DALLAS, TX 75220

Title: MGR      ( ) Delete  
Name: BUMPAS, W. SCOTT  
Address: 9362 HOLLOW WAY RD  
City-St-Zip: DALLAS, TX 75220

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WORTH WILLIAMS

MGR

06/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date