

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90017 042 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000025899

1. Entity Name
CCR OF LAKE LAS VEGAS GP, INC.



Principal Place of Business
**3250 MARY ST., STE. 500
MIAMI, FL 33133**

Mailing Address
**3250 MARY ST., STE. 500
MIAMI, FL 33133**

44007909



01192004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0897049

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PELTZ, ARVIN
3250 MARY ST., STE. 500
MIAMI, FL 33133**

7. Name and Address of New Registered Agent

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees.**

10. OFFICERS AND DIRECTORS

TITLE **DCP** ☐ Delete
NAME **WEISER, SHERWOOD M**
STREET ADDRESS **3250 MARY ST., STE. 500**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **DAS** ☐ Delete
NAME **LEFTON, DONALD E**
STREET ADDRESS **3250 MARY ST., STE. 500**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **VTS** ☐ Delete
NAME **TEMLING, W. PETER**
STREET ADDRESS **32250 MARY STREET, SUITE 500**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **V** ☐ Delete
NAME **STURGES, ROBERT B**
STREET ADDRESS **3250 MARY STREET, SUITE 500**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHERWOOD M. WEISER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2004 305-445-2493

Date

Daytime Phone #