

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

02-09-2004 90017 044 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000025909

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



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

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

44007907



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0897052

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 ratifying)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCP	☐ Delete
NAME	WEISER, SHERWOOD M	
STREET ADDRESS	3250 MARY ST., STE. 500	
CITY-STATE-ZIP	MIAMI, FL 33133	
TITLE	DAS	☐ Delete
NAME	LEFTON, DONALD E	
STREET ADDRESS	3250 MARY ST., STE. 500	
CITY-STATE-ZIP	MIAMI, FL 33133	
TITLE	DVTS	☐ Delete
NAME	TEMLING, W. PETER	
STREET ADDRESS	3250 MARY ST., STE. 500	
CITY-STATE-ZIP	MIAMI, FL 33133	
TITLE	DV	☐ Delete
NAME	STURGES, ROBERT B	
STREET ADDRESS	3250 MARY ST., STE. 500	
CITY-STATE-ZIP	MIAMI, FL 33133	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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