

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

RECEIVED
FILED
 Feb 20, 2006 08:00 AM
 JAN 31 2006
 Secretary of State

DOCUMENT # L04000046499
 1. Entity Name
LAKESIDE COMMONS, LLC



Principal Place of Business: **1666 KENNEDY CAUSEWAY, STE 505 NORTH BAY VILLAGE FL 33141**
 Mailing Address: **1666 KENNEDY CAUSEWAY, STE 505 NORTH BAY VILLAGE FL 33141**



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

1st MOORE CR2E083 (10/05)
 4. FEI Number: **20-2347161** Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**MCDONOUGH, BRIAN J
 2200 MUSEUM TOWER
 150 W FLAGLER ST
 MIAMI FL 33130**

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 _____ (NOTE: Registered Agent signature retained when translating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: P NAME: SOLAND, ROBERT F STREET ADDRESS: 1666 KENNEDY COURSEWAY, SUITE 505 CITY-ST-ZIP: NORTH BAY VILLAGE FL 33141	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
TITLE: VP NAME: ROJO, FRANCISCO STREET ADDRESS: 1666 KENNEDY COURSEWAY, SUITE 505 CITY-ST-ZIP: NORTH BAY VILLAGE FL 33141	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addit.

U00000438843
 03/02/06-80016-015 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: FRANCISCO ROJO 2/14/06 (305) 538-9552
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #