2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L04000046499

1. Entity Name



LAKESIDE COMMONS, LLC Principal Place of Business Mailing Address 1666 KENNEDY CAUSEWAY, STE 505 1666 KENNEDY CAUSEWAY, STE 505 NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33141 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 20-2347161 Not Applicable Zip Country Country Zib \$5.00 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCDONOUGH, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 2200 MUSEUM TOWER 150 W FLAGLER ST MIAMI FL 33130 City 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, typed or printed name of registered agent and fitte-flaciplicable (NOTE Registered Agent's gliature required when seinstaling) FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE Delete TITLE Change Addition NAME SOLAND, ROBERT F NAME 110000000000000 STREET ADDRESS 1666 KENNEDY COURSEWAY, SUITE 505 STREET ADDRESS 05/16/08-80028-019 143.75 CITY-ST-ZIP NORTH BAY VILLAGE FL 33141 CITY-ST-Z:P TITLE ☐ Delete TITI F Change Addition NAME ROJO, FRANCISCO NAME STREET ADDRESS 1666 KENNEDY COURSEWAY, SUITE 505 STREET ADDRESS CITY - ST- ZIP NORTH BAY VILLAGE FL 33141 CITY-ST-ZIP THILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ABORESS CITY-ST-ZIP CITY-ST-Z:P TITLE Delete TIT: F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change Addition

11. Thereby certify that the information supplied win 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 as aparty or the received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZiP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

JRE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/22/08

(303) 538-9552