
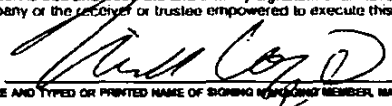


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-01-2007 90192 004 ****50.00

DOCUMENT # L05000034549		
1. Entity Name SUWANNEE LAKESIDE, LLC		
Principal Place of Business 2304 SAN JOSE CIRCLE TAMPA, FL 33629		Mailing Address 2304 SAN JOSE CIRCLE TAMPA, FL 33629
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Suite, Apt. #, etc. 6129 Old Pasco Rd		Suite, Apt. #, etc. 6129 Old Pasco Rd
City & State Wesley Chapel		City & State Wesley Chapel
Zip FL	Country PASCO	Zip FL Country PASCO
4. FEI Number 20-2453198		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent MALTBY, DAVID K 2304 SAN JOSE CIRCLE TAMPA, FL 33629		7. Name and Address of New Registered Agent Name Nick Cozzo Street Address (P.O. Box Number is Not Acceptable) 6129 Old Pasco Rd City Wesley Chapel FL Zip Code 33544
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)</small>		
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES MALTBY, DAVID K PRES 2304 SAN JOSE CIRCLE TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
		MGRM Frank Ripa 10149 Fisher Ave Tampa, FL 33619 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 606, Florida Statutes.		
SIGNATURE: 		Date 3-20-07 (813)973-3539
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>