## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 27, 2005 8:00 am Secretary of State 04-26-2005 90011 016 \*\*\*\*55.00

A STANDARD RESIDENCE TOWER TO BE SECOND OF THE PROPERTY OF THE	DOCUMENT # L02000017408  1. Entity Name LAKESHORE PROPERTIES OF SOUTH FLORIDA, LLC								04-26-200	<i>1</i> 5 900	II 016 ***	~~55.00
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20 33032 Country / USA	City & State	ESTER	o FL	City & State Homestead, Fh					•		A.	
B. Name and Address of Deverth Registrated Agent    Name	Zin	Zio Country		<sup>Zip</sup> 33032	3032 Coun						\$5.00 Ack	ditional
DIAZ-POX. EMILIA  1441 RBICKELLA VENUE, SUITE 1005 FOUR SEASONS OFFICE TOWER  MIAMI, FL 33131  City FL Zip Code  8. The above named only submis his statument for the purpose of changing its registated office or registated agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registated significant signif		6. Name	and Address of Current I	Registered Agent	tered Agent			7. Name and	d Address of New F	logistere	d Agent	
6. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE:    City   FL   Zip Code	1441 BRIC			ddress (I	P.O. Box Numb	per is Not Acceptabl	e)					
## Delete   THE   Del	MIAMI, FL	33131				City	FL Zip Code					θ.
SIGNATURE    Signature   Security of private represent agents and the 1 applications   POTE Registered Agent agents reputed when remaining				the purpose of changing its	registere	ed office or	register	ed agent, or bo	oth, in the State of FI	orida. I a	m familiar with,	and accept
FILING Foo is \$50.00    Section   Profit   Profi	_	idiis oi regisi	alec agent.									
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MARE DIAZ, MANUEL C 23705 S.W. 117TH AVE CITY-ST-2P HOMESTEAD, FL 33032 CITY-ST-2P HOMESTEAD, FL 33032 CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET	SIGNATURE.	Signature, typed	or printed name of registered agent is	and title if applicable. (NO)	E: Registered	d Agent signes	ne required	when rainstaing)		DAT	:	
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NAME STREET ADDRESS ONY: ST-ZIP  11. 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 is true and accurate and that my signature shall have the same legal effect as if made under ceth; that I am a managing member or manager of the limited liability company or the general repowers to execute this report as required by Chapter 608. Florida Statutes.  SIGNATURE:  While Court is 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 is true and accurate and that my signature shall have the same legal effect as if made under ceth; that I am a managing member or manager of the limited liability company or the feeting of the exemption stated in Section 119.07(3)(i), 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 ceth; that I am a managing member or manager of the limited liability company or the feeting of the exemption stated in Section 119.07(3)(i), 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 ceth; that I am a managing member or manager of the limited liability company or the feeting of the same legal effect as if made under ceth; that I am a managing member or manager of the limited liability company or the feeting of the same legal effect as if made under ceth; that I am a managing member or manager of the limited liability company or the	STREET ADDRESS				STRE	ET ADORESS		_				
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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 federiver or trustee empayered to execute this report as required by Chapter 606, Florida Statutes.  SIGNATURE:  ###################################	STREET ADDRESS				STRE	ET ADORESS						
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