

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

04-26-2005 90011 016 ****55.00

DOCUMENT # L02000017408 1. Entity Name LAKESHORE PROPERTIES OF SOUTH FLORIDA, LLC					
Principal Place of Business 23705 SW 117TH AVENUE HOMESTEAD, FL 33032			Mailing Address 23705 SW 117TH AVENUE HOMESTEAD, FL 33032		
2. Principal Place of Business 26401 S.W. 107TH AVE.		3. Mailing Address 26401 S.W. 107TH AVE.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State HOMESTEAD, FL		City & State HOMESTEAD, FL		4. FEI Number 20-0271180 APPLIED FOR	
Zip 33032 Country USA		Zip 33032 Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ-FOX, EMILIA 1441 BRICKELL AVENUE, SUITE 1005 FOUR SEASONS OFFICE TOWER MIAMI, FL 33131				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 required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DIAZ, MANUEL C 23705 S.W. 117TH AVE HOMESTEAD, FL 33032		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26401 S.W. 107TH AVE. HOMESTEAD, FL. 33032	
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"/> Addition	
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"/> Addition	
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"/> Addition	
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"/> Addition	
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"/> Addition	
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 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:			Date 4/15/05 305-258-8440		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					