

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 04, 2004 08:00 AM  
Secretary of State

DOCUMENT # L00000001612

1. Entity Name

BUDDY'S LAKESIDE PARK LLC



Principal Place of Business  
10530 S.E. 201 STREET  
INGLIS FL 34449

Mailing Address  
10530 S.E. 201 STREET  
INGLIS FL 34449



MOORE CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3213443

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POST, WILLIAM A ESQ  
20702 W. PENNSYLVANIA AVENUE  
DUNNELLON FL 34431

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME JENNINGS, LAWRENCE  
STREET ADDRESS 4703 RIVERSIDE DRIVE  
CITY-ST-ZIP YANKEETOWN FL 34448

TITLE ☐ Change ☐ Addition  
NAME U00000035442  
STREET ADDRESS 02/06/04-80018-012 50.00  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME JENNINGS, WENDY  
STREET ADDRESS 4703 RIVERSIDE DRIVE  
CITY-ST-ZIP YANKEETOWN FL 34448

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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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: Wendy Jennings WENDY JENNINGS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/2/04 352-447-3474  
Date Daytime Phone #