

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 06, 2005 8:00 am
Secretary of State

01-06-2005 90005 011 ****50.00

DOCUMENT # L00000005082

1. Entity Name
LAKESIDE SHOPPES, L.C.



Principal Place of Business
**7806 CHARNEY LANE
BOCA RATON, FL 33496**

Mailing Address
**7806 CHARNEY LANE
BOCA RATON, FL 33496**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1013081

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SUSI, SAMUEL
7806 CHARNEY LANE
BOCA RATON, FL 33496**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SUSI, SAMUEL
7806 CHARNEY LANE
BOCA RATON, FL 33496**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

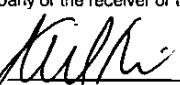
TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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:  **Samuel Susi, Managing Member**

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

1/04/05

Date

(561) 483-2030

Daytime Phone #