2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000005883

1. Entity Name
LAKESHORE INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
605 SUNBANK TOWER 220 WEST GARDEN STREET PENSACOLA, FL 32501	605 SUNBANK TOWER 220 WEST GARDEN STREET PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE

01102005No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
59-3686647		Not Applicable

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

6. Name and Address of Current Registered Agent

SYLTE, THOMAS W
605 SUNBANK TOWER
220 WEST GARDEN STREET
PENSACOLA, FL 32501

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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	MGR
NAME	SYLTE, THOMAS W
STREET ADDRESS	605 SUNBANK TOWER
CITY-ST-ZIP	PENSACOLA, FL 32501

000000216805
02/05/05-80064-005 55.00

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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: _Thomas W. Sylte_   2-3-05   850-434-6830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #