### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L0000005883

1. Entity Name

LAKÉSHORE INVESTMENTS, L.L.C.



Principal Place of Business

605 SUNBANK TOWER 220 WEST GARDEN STREET PENSACOLA. FL 32501 Mailing Address

605 SUNBANK TOWER 220 WEST GARDEN STREET PENSACOLA, FL 32501

# FILED Apr 16, 2007 08:00 AM Secretary of State



04032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number			Applied For
59-3686647			Not Applicable
5. Certificate of Status Desired	Ж	\$5.0	0 Additional

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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<ol><li>The above named entity submits this statement for the purpose of char the obligations of registered agent.</li></ol>	nging its registered office or registered agent, or both, in the	State of Florida. + am familiar with, and accept
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
однаста, урас се риятас нама се гарога адал ало вла и аррисала.	(NOTE: Neglistere Appril signature required when revisioning)	OATE
Filing Fee is \$50.00 Due by May 1, 2007		
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#### MANAGING MEMBERS/MANAGERS MGR TITLE NAME SYLTE, THOMAS W STREET ADDRESS 605 SUNBANK TOWER CITY-ST-ZIP PENSACOLA, FL 32501 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 EN. Sed	Thomas W. Sylte	4-11-07	850-434-683C
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING M	EMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #