

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90174 005 \*\*\*\*50.00

**DOCUMENT # L01000001625**

1. Entity Name

LAKESIDE CENTER LLC



Principal Place of Business

8823 SAN JOSE BLVD., SUITE 310  
JACKSONVILLE, FL 32217

Mailing Address

8823 SAN JOSE BLVD., SUITE 310  
JACKSONVILLE, FL 32217

**DO NOT WRITE IN THIS SPACE**



01092006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
59-3704574

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

INTERSTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE. SUITE 3000  
MIAMI, FL 33131

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME INTERNATIONAL MANAGEMENT COMPANY, INC.  
STREET ADDRESS 8823 SAN JOSE BLVD., SUITE 310  
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE  
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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 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:**

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

Date

Daytime Phone #