


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000005132 1. Entity Name LAKEVIEW DRIVE OF NAPLES, LLC	
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Principal Place of Business 365 FIFTH AVE. SOUTH, STE. 201 NAPLES, FL 34105	Mailing Address 365 FIFTH AVE. SOUTH, STE. 201 NAPLES, FL 34105
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04272004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3714083	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CHEFFY, LOUIS W CHEFFY, PASSIDOMO, WILSON & JOHNSON LLP 821 FIFTH AVE. SOUTH, STE 201 NAPLES, FL 34102
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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.

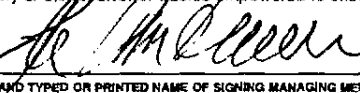
SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANTARAMHAN, JACK 365 FIFTH AVE S #201 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEZESHKAN, FRED F 2606 S HORSESHOE DR NAPLES, FL 34104
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000139358 04/29/04-80119-006 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  **Jack Antaramhan** **4/28/04** **239-434-0600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #