2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000005132

1. Entity Name

NAME STREET ADDRESS CITY-ST-ZIP

LAKEVIEW DRIVE OF NAPLES, LLC



FILED Apr 14, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

365 FIFTH AVE. SOUTH, STE. 201 NAPLES, FL 34105

365 FIFTH AVE. SOUTH, STE. 201 NAPLES, FL 34105



D3092006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3714083

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changes of registered agent.	anging its registered office or registered agent, or both, in the S	State of Florida. I am familiar with, and accept
SIGNATURE			
-	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	ANTARAMHAN, JACK		
STREET ADDRESS	365 FIFTH AVE S #201		
CITY_ST.719	NADIES SI 34102		

51 CIT MGR TITLE NAME PEZESHKAN, FRED F STREET ADDRESS 2606 S HORSESHOE DR CITY-ST-ZIP NAPLES, FL 34104 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HBF

U00000509166 04/28/06-80031-012,55.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 it 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.

THOMAS A. MARLHAR SIGNATURE: Elleron (1) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE