2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State
05-13-2008 90065 007 ***143.75

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1. Entity Name
LAKEVIEW DRIVE OF NAPLES, LLC

Principal Place of Business	Mailing Address
3530 KRAFT RD STE 300 NAPLES, FL 34105	3530 KRAFT RD STE 300 NAPLES, FL 34105

000U4U844

02122008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ANTARAMIAN, JACK
STREET ADDRESS	3530 KRAFT RD STE 300
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	MGR
NAME	PEZESHKAN, FRED F
STREET ADDRESS	3520 KRAFT RD
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	MGR
NAME	MACIVOR, THOMAS A
STREET ADDRESS	3530 KRAFT RD STE 300
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	
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 A. MacIvor 3/31/08 (239) 434-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #