

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000011404

1. Entity Name
LAKEVIEW INVESTMENT, LLC



Principal Place of Business
1350 AVENUE OF THE AMERICAS
SUITE 1910
NEW YORK, NY 10019

Mailing Address
1350 AVENUE OF THE AMERICAS
SUITE 1910
NEW YORK, NY 10019



01122005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1124968

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANGLEY, MARCIA H ESQ
C/O GREENBERG TRAURIG, P.A.
2255 GLADES ROAD SUITE 419A
BOCA RATON, FL 33431

**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, 2005**

L010000373209
07/18/05-80006-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MAEL, JOEL A
1350 AVE OF THE AMERICAS
NEW YORK, NY 10019

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FRARY, RICHARD S
1350 AVE OF THE AMERICAS
NEW YORK, NY 10019

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: *X Richard S Frary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-11-05

Date

Daytime Phone #