


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000013173		
1. Entity Name LAKEVIEW PARK LLC		
Principal Place of Business 350 16TH AVE. NE STE. 200 ST. PETERSBURG, FL 33704		Mailing Address PO BOX 3109 ST PETERSBURG, FL 33731
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KUSTER, DARRELL D 350 16TH AVE. NE STE. 200 SAINT PETERSBURG, FL 33704		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
U000000109141 04/12/04-80032-004 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUSTER, DARRELL 350 16TH AVE NE SAINT PETERSBURG, FL 33704	
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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: <u><i>Darrell D Kuster</i></u>		1-11-04 727-826-1526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #



01102004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3735781	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	