

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90135 026 ****50.00

DOCUMENT # L01000013219

1. Entity Name

LAKESIDE PROPERTIES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1080 FLAGLER AVE

Suite, Apt. #, etc.

3. Mailing Address

18167 U.S. HIGHWAY 19 N.

Suite, Apt. #, etc.

SUITE 660

City & State
LEESBURG, FL

City & State
CLEARWATER, FL

Zip
34748

Country
LAKE

Zip
33764

Country
PINELLAS

4. FEI Number
59-2764048

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOHNSON EZELL CORPORATION

Street Address (P.O. Box Number is Not Acceptable)

18167 U.S. HIGHWAY 19 N., SUITE 660

City CLEARWATER FL Zip Code 33764

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME JOHNSON EZELL CORPORATION
STREET ADDRESS 18167 U.S. HWY 19 N, SUITE 660
CITY-ST-ZIP CLEARWATER, FL 33764

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**DO NOT WRITE
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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:

R. KELLEY JOHNSON

Date

Daytime Phone #

4/22/02

(727) 530-5522-35

CR2E083B (12/01)