

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90235 038 \*\*\*\*\*50.00

**DOCUMENT # L01000016820**

1. Entity Name

**LAKESIDE EXECUTIVE SUITES LLC**



Principal Place of Business

**3890 STATE ROAD 64 E  
BRADENTON FL 34208**

Mailing Address

**3890 STATE ROAD 64 E  
BRADENTON FL 34208**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1142688**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DENSON, JAMES STEVEN  
3890 STATE ROAD 64 E  
BRADENTON FL 34208**

7. Name and Address of New Registered Agent

Name

**Michael Gene Messer**

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

**1710 Point Pleasant Ave.**

City

**Bradenton**

FL

Zip Code

**34205**

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

*Michael Gene Messer* **Michael Gene Messer**

**4-10-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DENSON, JAMES STEVEN</b>	
STREET ADDRESS	<b>3890 STATE ROAD 64 E</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34208</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>MESSER, MICHAEL GENE</b>	
STREET ADDRESS	<b>1710 POINT PLEASANT AVE</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** *Michael G Messer* **Michael G Messer** **4-10-03** **941-448-8457**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)