2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000000617

1. Entity Name
LAKESIDE PROFESSIONAL CENTER, LLC

Principal Place of Business	Mailing Address
1265 W. GRANADA BLVD., SUITE 1 ORMOND BEACH, FL 32174	1265 W. GRANADA BLVD., SUITE 1 ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

01062004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
03-0373982	Not Applicable

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

6. Name and Address of Current Registered Agent

PYLE, MICHAEL A
1265 W. GRANADA BLVD., SUITE 1
ORMOND BEACH, FL 32174

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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 _____

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, 2004

U00000033932
02/05/04-80063-011 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	PYLE, MICHAEL A
STREET ADDRESS	1265 W GRANDADA BLVD STE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	MGR
NAME	VELIE, CARL
STREET ADDRESS	800 S NOVA RD STE O
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _____   2/2/04   (386) 672-9222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #