


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

04-26-2005 90011 016 ****55.00

DOCUMENT # L02000017408			
1. Entity Name LAKESHORE PROPERTIES OF SOUTH FLORIDA, LLC			
Principal Place of Business 23705 SW 117TH AVENUE HOMESTEAD, FL 33032		Mailing Address 23705 SW 117TH AVENUE HOMESTEAD, FL 33032	
2. Principal Place of Business <i>26401 S.W. 107TH AVE.</i>		3. Mailing Address <i>26401 S.W. 107TH AVE.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>HOMESTEAD, FL</i>		City & State <i>HOMESTEAD, FL</i>	
4. FEI Number <i>20-0271180</i>		Applied For Not Applicable	
Zip <i>33032</i>		Country <i>USA</i>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		02222005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DIAZ-FOX, EMILIA 1441 BRICKELL AVENUE, SUITE 1005 FOUR SEASONS OFFICE TOWER MIAMI, FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DIAZ, MANUEL C 23705 S.W. 117TH AVE HOMESTEAD, FL 33032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>26401 S.W. 107TH AVE. HOMESTEAD, FL. 33032</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Manuel Diaz Fox</i>		Date: <i>4/15/05</i> 305-258-8440	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Daytime Phone #</small>	