


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000017409		
1. Entity Name 227 S. LAKESIDE PROPERTIES, LLC		
Principal Place of Business 7944 SOUTH LAKE DRIVE LAKE CLARKE SHORES, FL 33406	Mailing Address 7944 SOUTH LAKE DRIVE LAKE CLARKE SHORES, FL 33406	
DO NOT WRITE IN THIS SPACE		



04222005No Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2281165	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOHAN, KATHLEEN
 7944 SOUTH LAKE DRIVE
 LAKE CLARKE SHORES, FL 33406

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOHAN, ANNA KATHLEEN 7944 S. LAKE DRIVE LAKE CLARKE SHORES, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOHAN, ROBERT 7944 S. LAKE DRIVE LAKE CLARKE SHORES, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRAUSS, DUNCAN 1199 BOISE WAY COSTA MESA, CA 92626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGARR, COLLEEN 1199 BOISE WAY COSTA MESA, CA 92626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/25/05-80070-002 50.00

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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)(f), 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: *[Signature]* 4/21/05 561-832-6397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #