2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000017409

1. Entity Name
227 S. LAKESIDE PROPERTIES, LLC

Principal Place of Business	Mailing Address
7944 SOUTH LAKE DRIVE LAKE CLARKE SHORES, FL 33406	7944 SOUTH LAKE DRIVE LAKE CLARKE SHORES, FL 33406

DO NOT WRITE IN THIS SPACE

07102007No Chg-LLC CR2E083 (11/05)

4. FEI Number
56-2281165

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 Kathleen Bohan 7/9/07
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 September 14, 2007

U00000769079
07/16/07-80013-007 50.00

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

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kathleen Bohan 7/9/07 561-832-6397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #