

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028091

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** LAKESIDE TITLE SERVICES, LLC

**Current Principal Place of Business:**

7590 NW 186TH ST., SUITE 206  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

7590 NW 186TH ST., SUITE 206  
MIAMI, FL 33015

**New Mailing Address:**

**FEI Number:** 56-2298820

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEREZ, DAVID T  
7255 BEDLINGTON RD  
MIAMI LAKES, FL 33014 US

**Name and Address of New Registered Agent:**

PEREZ, DAVID T  
7590 NW 186TH ST., SUITE 206  
MIAMI, FL 33015 US

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.

SIGNATURE: DAVID T. PEREZ

04/30/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PEREZ, DAVID T  
Address: 7590 NW 186TH ST., SUITE 206  
City-St-Zip: MIAMI, FL 33015

Title: MGRM ( ) Delete  
Name: SANTANA, JACQUELINE  
Address: 8741 NORTHWEST 148TH TERRACE  
City-St-Zip: MIAMI LAKES, FL 33018

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID T. PEREZ

MGRM

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date