

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028091

FILED  
Mar 20, 2006  
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  
7590 NW 186TH ST., SUITE 206  
MIAMI, FL 33015 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SANTANA, JACQUELINE  
Address: 7590 NW 186TH ST., SUITE 206  
City-St-Zip: MIAMI, FL 33015

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 Chapter 119, 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: JACQUELINE SANTANA

MGRM

03/20/2006

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