


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000032485**  
1. Entity Name  
LAKESIDE LLC



Principal Place of Business  
241 EAST RUBY AVE.  
KISSIMMEE, FL 34741

Mailing Address  
241 EAST RUBY AVE.  
KISSIMMEE, FL 34741

**DO NOT WRITE IN THIS SPACE**



01302004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3765017	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

IREDALE, GEORGE DOUGLAS  
241 EAST RUBY AVE.  
KISSIMMEE, FL 34741

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR IREDALE, GEORGE DOUGLAS 1087 HIDDEN HARBOUR RD. KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GAY, FRANK G III 1624 REGAL COVE COURT KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR KENNEDY, LARRY 2233 ACREE LANE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR OSSER, GERALD 2509 CHAPALA DRIVE KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000154564  
07/08/04-80018-005 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**  **6/30/04** **407 709 1176**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #