


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90016 027 ****50.00

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**

20037689



2. Principal Place of Business
2301 13th Street
 Suite, Apt. #, etc.

3. Mailing Address
717 East Oak Street
 Suite, Apt. #, etc.

03082005 Chg-LLC CR2E083 (10/03)

City & State
St. Cloud, FL

City & State
Kissimmee, FL

Zip
34769 Country **US**

Zip
34744 Country **US**

4. FEI Number
59-3765017

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

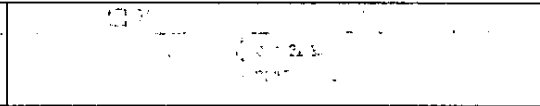
Street Address (P.O. Box Number is Not Acceptable)
2301 13th Street

City **St. Cloud** State **FL** Zip Code **34769**

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



Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IREDALE, GEORGE DOUGLAS 1087 HIDDEN HARBOUR RD. KISSIMMEE, FL 34746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAY, FRANK G III 1624 REGAL COVE COURT KISSIMMEE, FL 34744 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNEDY, LARRY 2233 ACREE LANE KISSIMMEE, FL 34744 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSSER, GERALD 2509 CHAPALA DRIVE KISSIMMEE, FL 34746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3030 Lakeshore Drive St. Cloud, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1624 Regal Cove Court Kissimmee, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: George D. Iredale Date: 4/14/05 407 709 1176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE