

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032485

1. Entity Name

**LAKESIDE LLC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG 18 PM 3:45

W/S/20

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**241 East Ruby Ave.**

3. Mailing Address

**241 East Ruby Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Kissimmee, FL**

City & State  
**Kissimmee, FL**

4. FEI Number  
**59-3765017**

Applied For  
Not Applicable

Zip  
**34741**

Country  
**USA**

Zip  
**34741**

Country  
**USA**

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**George Douglas Iredale**

Street Address (P.O. Box Number is Not Acceptable)  
**241 East Ruby Ave.**

City  
**Kissimmee** **FL** Zip Code  
**34741**

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 \_\_\_\_\_

8/11/03

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mgr</b> <b>Iredale, George Douglas</b> <b>1087 Hidden Harbour Rd.</b> <b>Kissimmee, FL 34746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mgr</b> <b>Gay, Frank G. III</b> <b>1624 Regal Cove Court</b> <b>Kissimmee, FL 34744</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mgr</b> <b>Kennedy, Larry</b> <b>2233 Acree Lane</b> <b>Kissimmee, FL 34744</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mgr</b> <b>Osser, Gerald</b> <b>2509 Chapala Drive</b> <b>Kissimmee, FL 34746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mgr</b> <b>400022370854</b> <b>08/18/03--01020--004 **50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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CR2E083B (12/02)

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: \_\_\_\_\_

8/12/03