

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90033 003 ****50.00

DOCUMENT # L02000034937

1. Entity Name

LAKESHORE ESTATES BUILDERS, LLC



Principal Place of Business

508-A CAPITAL CIRCLE S.E.
TALLAHASSEE, FL 32301

Mailing Address

508-A CAPITAL CIRCLE S.E.
TALLAHASSEE, FL 32301

20039901



04182005No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
13-4227945

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIENER, BRUCE I
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL

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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME TURNER, FREDERICK E
STREET ADDRESS 508-A CAPITAL CIRCLE S.E.
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE MGR
NAME TURNER, DOUGLAS E
STREET ADDRESS 508-A CAPITAL CIRCLE S.E.
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE
NAME
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CITY-ST-ZIP

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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: _____

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

Date

Daytime Phone #