


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 20, 2005 8:00 am
Secretary of State

06-20-2005 90165 012 ****50.00

DOCUMENT # L03000000393 1. Entity Name LAKEWOOD CENTER, L.L.C.					
Principal Place of Business 12150 BLACKFOOT COURT JACKSONVILLE FL 32223			Mailing Address 12150 BLACKFOOT COURT JACKSONVILLE FL 32223		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 02-0660650 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BLACKBURN, DENNIS L 5150 BELFORT ROAD SOUTH BUILDING 500 JACKSONVILLE FL 32256	
7. Name and Address of New Registered Agent Name THOMAS CASSETTE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASSETTE, THOMAS 12150 BLACKFOOT COURT JACKSONVILLE FL 32223 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E083 (10/04)

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

6-13-05

904-260-9250

Date

Daytime Phone #