


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90082 033 \*\*\*\*50.00

**DOCUMENT # L03000001345**

1. Entity Name  
**LAKESIDE VILLAGE CENTER, LLC**



Principal Place of Business  
**255 SOUTH ORANGE AVE., STE. 1700  
 ORLANDO, FL 32801**

Mailing Address  
**255 SOUTH ORANGE AVE., STE. 1700  
 ORLANDO, FL 32801**

2. Principal Place of Business  
**420 South Orange Avenue**

3. Mailing Address  
**Post Office Box 231**

Suite, Apt. #, etc.  
**Suite 1200**

Suite, Apt. #, etc.  
 \_\_\_\_\_

City & State  
**Orlando, Florida**

City & State  
**Orlando, Florida**

Zip  
**32801**

Country  
**USA**

Zip  
**32802-0231**

Country  
**USA**



07132006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**65-1242768**

Applied For  
 Not Applicable

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

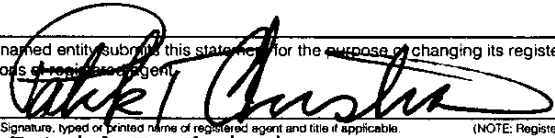
6. Name and Address of Current Registered Agent  
**CHRISTIANSEN, PATRICK T ESQ  
 255 SOUTH ORANGE AVE., STE. 1700  
 ORLANDO, FL 32801**

7. Name and Address of New Registered Agent  
 Name  
**Patrick T. Christiansen**

Street Address (P.O. Box Number is Not Acceptable)  
**420 South Orange Avenue, Suite 420**

City  
**Orlando** **FL** Zip Code  
**32801**

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, the registered agent.

SIGNATURE  **7/18/06**


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 September 6, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CH ENTERPRISES, LLC 255 SOUTH ORANGE AVENUE, SUITE 1700 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CH Enterprises, LLC 420 South Orange Avenue Orlando, Florida 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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:  **7/18/06** **407-423-4008**

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

**Patrick T. Christiansen**