


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000001345
 1. Entity Name
 LAKESIDE VILLAGE CENTER, LLC



Principal Place of Business
 420 S. ORANGE AVE.
 STE 1200
 ORLANDO, FL 32801

Mailing Address
 PO BOX 231
 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE



01062007No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1242768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTIANSEN, PATRICK T ESQ
 420 S. ORANGE AVE, ST 420
 ORLANDO, FL 32801

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CH ENTERPRISES, LLC 420 S. ORANGE AVE. STE 420 ORLANDO, FL 32801
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 01/30/07-80028-011 50.00

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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: *Patrick T. Christensen* (1/26/07) 407 423-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #