

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011668

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** FAP LAKESIDE, LLC

**Current Principal Place of Business:**

1613 MEADOWLARK WAY  
PANAMA CITY BEACH, FL 324137140 US

**New Principal Place of Business:**

8915 E. COUNTY HIGHWAY 30 A  
PANAMA CITY BEACH, FL 32413 US

**Current Mailing Address:**

1613 MEADOWLARK WAY  
PANAMA CITY BEACH, FL 324137140 US

**New Mailing Address:**

8915 E. COUNTY HIGHWAY 30 A  
PANAMA CITY BEACH, FL 32413 US

FEI Number: 06-1686223

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMBROSE, JOHN C  
1613 MEADOWLARK WAY  
PANAMA CITY BEACH, FL 324137140 US

**Name and Address of New Registered Agent:**

AMBROSE, JOHN C  
8915 E. COUNTY HIGHWAY 30 A  
PANAMA CITY BEACH, FL 32413 US

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.

SIGNATURE: JOHN C. AMBROSE

01/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AMBROSE, JOHN C  
Address: 1613 MEADOWLARK WAY  
City-St-Zip: PANAMA CITY BEACH, FL 324137140

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AMBROSE, JOHN C  
Address: 8915 E. COUNTY HIGHWAY 30 A  
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN C. AMBROSE

MGR

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date