2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011668

Entity Name: FAP LAKESIDE, LLC

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1613 MEADOWLARK WAY 8915 E. COUNTY HIGHWAY 30 A

PANAMA CITY BEACH, FL 324137140 US PANAMA CITY BEACH, FL 32413 US

Current Mailing Address: New Mailing Address:

1613 MEADOWLARK WAY
PANAMA CITY BEACH, FL 324137140 US

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: Name and Address of New Registered Agent:

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

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: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:AMBROSE, JOHN CName:AMBROSE, JOHN CAddress:1613 MEADOWLARK WAYAddress:8915 E. COUNTY HIGHWAY 30 A

City-St-Zip: PANAMA CITY BEACH, FL 324137140 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