2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000018096

1. Entity Name
LAKESIDE HOMES OF DEBARY, LLC

Principal Place of Business	Mailing Address
6081 CENTRAL PK BLVD PORT ORANGE, FL 32127	PO BOX 290628 PORT ORANGE, FL 32129

DO NOT WRITE IN THIS SPACE

01082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
33-1057903
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARBONE, JOHN
2545 S ATLANTIC AVE
2201
DAYTONA BCH SHORES, FL 32128

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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 _____
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 May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CARBONE, JOHN
STREET ADDRESS	2545 S ATLANTIC AVE
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32128
TITLE	MGR
NAME	FRYE, KAREN M
STREET ADDRESS	6081 CENTRAL PARK BLVD
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/07-80026-006 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: _____ 1/8/07 386 788-8494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #