

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039806

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: MARCO ISLAND LAKESIDE INN, LLC

**Current Principal Place of Business:**

46 NORTH WASHINGTON BLVD., #1  
SARASOTA, FL 34236

**New Principal Place of Business:**

155 FIRST AVENUE  
MARCO ISLAND, FL 34145

**Current Mailing Address:**

155 FIRST AVENUE  
MARCO ISLAND, FL 34145

**New Mailing Address:**

FEI Number: 20-0308443

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIEGEL, MICHAEL E  
46 NORTH WASHINGTON BLVD., #1  
SARASOTA, FL 34236

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

LUPER, A. GAYLE  
155 FIRST AVENUE  
MARCO ISLAND, FL 34145

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: A. GAYLE LUPER

04/29/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: LUPER, ALBERT R  
Address: 2235 SHADOW LAKES DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: MGRM ( ) Change (X) Addition  
Name: LUPER, A. GAYLE  
Address: 2235 SHADOW LAKES DRIVE  
City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: A. GAYLE LUPER

MGRM

04/29/2004

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