

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039806

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: MARCO ISLAND LAKESIDE INN, LLC

**Current Principal Place of Business:**

155 FIRST AVENUE  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**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:**

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

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: PALMER, CHARLES G IT  
Address: 6305 CLIFF DRIVE  
City-St-Zip: FORT SMITH, AK 72917

Title: MGRM ( ) Change (X) Addition  
Name: PALMER, BARBARA J  
Address: 6305 CLIFF DRIVE  
City-St-Zip: FORT SMITH, AK 72917

I hereby certify that the information supplied with this filing does not qualify for the 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: A. GAYLE LUPER

MGRM

04/25/2006

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