

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000039806

1. Entity Name
MARCO ISLAND LAKESIDE INN, LLC



Principal Place of Business
**155 FIRST AVENUE
MARCO ISLAND, FL 34145**

Mailing Address
**155 FIRST AVENUE
MARCO ISLAND, FL 34145**



02222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0308443

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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	MGRM
NAME	LUPER, ALBERT R
STREET ADDRESS	2235 SHADOW LAKES DRIVE
CITY-ST- ZIP	SARASOTA, FL 34240
TITLE	MGRM
NAME	LUPER, A. GAYLE
STREET ADDRESS	2235 SHADOW LAKES DRIVE
CITY-ST- ZIP	SARASOTA, FL 34240
TITLE	MGRM
NAME	PALMER, CHARLES G IT
STREET ADDRESS	6305 CLIFF DRIVE
CITY-ST- ZIP	FORT SMITH, AK 72917
TITLE	MGRM
NAME	PALMER, BARBARA J
STREET ADDRESS	6305 CLIFF DRIVE
CITY-ST- ZIP	FORT SMITH, AK 72917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

U000000684012
04/06/07-80014-024 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #