


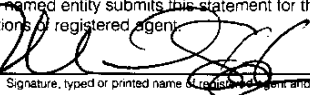
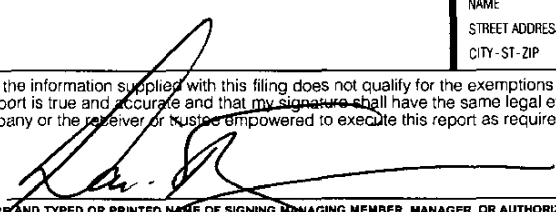
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90114 005 ****50.00

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DOCUMENT # L03000047530			
1. Entity Name LAKEVIEW PROPERTY HOLDINGS, LLC			
Principal Place of Business 2999 NE 191 ST, PENTHOUSE 8 AVENTURA, FL 33180		Mailing Address 2999 NE 191 ST, PENTHOUSE 8 AVENTURA, FL 33180	
2. Principal Place of Business - No P.O. Box # 4400 Biscayne Blvd.		3. Mailing Address 4400 Biscayne Blvd.	
Suite, Apt. #, etc. 900		Suite, Apt. #, etc. 900	
City & State Miami, FL		City & State Miami, FL	
Zip 33137		Zip 33137	
Country		Country	
4. FEI Number 03-0531918		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HELLMAN, MAYNARD J ESQ 2999 NE 191 ST, PENTHOUSE 8 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name: Maynard Hellman Street Address (P.O. Box Number is Not Acceptable): 4400 Biscayne Blvd. #900 City: Miami FL Zip Code: 33137	
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:  DATE: April 24, 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHURGIN, DAVID 2999 NE 199 ST, PH 8 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shurgin, David 4400 Biscayne Blvd. #900 Miami, FL 33137 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: April 24, 2007 Daytime Phone #: 305-777-1095	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			