


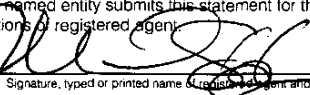
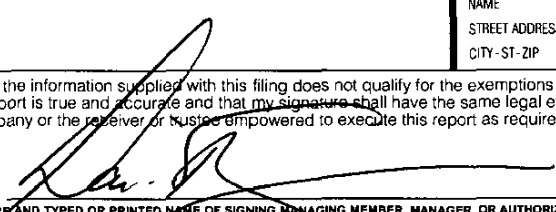
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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. Suite, Apt. #, etc. 900		3. Mailing Address 4400 Biscayne Blvd. 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	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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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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 APR 24, 2007 305-777-1095	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	