

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90156 030 ***138.75

DOCUMENT # L03000047530

1. Entity Name
LAKEVIEW PROPERTY HOLDINGS, LLC



Principal Place of Business Mailing Address

2999 NE 191 ST, PENTHOUSE 8 **2999 NE 191 ST, PENTHOUSE 8**
MIAMI, FL 33137 **MIAMI, FL 33137**

50004671

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

2701 GATEWAY DRIVE **2701 GATEWAY DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



03312008 Chg-LLC CR2E083 (12/06)

City & State City & State

Pompano Beach, FL **Pompano Beach, FL**

Zip Country Zip Country

33069 **USA** **33069** **USA**

4. FEI Number Applied For

03-0531918 Not Applicable

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

6. Name and Address of Current Registered Agent

HELLMAN, MAYNARD J ESQ
4400 BISCAYNE BLVD SUITE 900
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2701 GATEWAY DRIVE

City State Zip Code

Pompano Beach, FL 33069

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE	D <input type="checkbox"/> Delete
NAME	SHURGIN, DAVID
STREET ADDRESS	4400 BISCAYNE BLVD SUITE 900
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYNARD J. HELLMAN
STREET ADDRESS	2701 GATEWAY DRIVE
CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #