

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000006330 1. Entity Name LAKESIDE @ LYONS CREEK GP, LLC	
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Principal Place of Business 6530 WEST ROGERS CIRCLE, SUITE 31 BOCA RATON, FL 33487	Mailing Address 6530 WEST ROGERS CIRCLE, SUITE 31 BOCA RATON, FL 33487
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**DO NOT WRITE IN THIS SPACE**



01242007No Chg-LLC CR2E083 (11/05)

4. FEI Number 36-4548006	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

LEDER, SEAN M  
 6530 WEST ROGERS CIRCLE, SUITE 31  
 BOCA RATON, FL 33487

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR L.GRP.INC ITO MGR BY S.E.LEDD 6530 W RMERS CIRCLE #31 BOCA RATON, FL 33487
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U00000645658  
 03/05/07-80016-001 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: SEAN M LEDER Date: 561-995-7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #