## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-10-2005 90055 014 \*\*\*\*50.00 **. 1/**1

1. Entity Name LAKESIDE VILLAGE OF DAVIE, LLC				
Principal Place of Business 2001 WEST SAMPLE ROAD SUITE 32075 42 POMPANO BEACH, FL 33064		Mailing Address 2001 WEST SAMPLE RO/ SUITE 320 POMPANO BEACH, FL 3		
Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042005 Chg-LLC CR2E083 (10/03)
City & State		City & State		4. FEI Number Applied For Not Applicate Not Applicate
Zip	Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
BAKER, ROBERT M				
SUITE 201			Sueet Addres	ess (P.O. Box Number is Not Acceptable)
PLANTATION, FL 33324			City	FL Zip Code
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 neme of registered agent and title if applicable. (NOTE: Registered Agent agriculture required when rengating)  OATE				
Filing Fee is \$50.00 Make check payable to Due by May 1, 2005 Floride Department of State				
9.	MANAGING MEMBE	ERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME	MGRM LAKESIDE VILLAGE OF DAVIE,	Delete INC.	TITLE NAME	☐ Change ☐ Accidio
STREET ADDRESS CITY-ST-ZIP	2001 WEST SAMPLE ROAD PLANTATION, FL 33324		STREET ADORESS City-St-Zip	
TITLE HAME		☐ Delete	TITLE NAME	☐ Change ☐ Additio
STREET ADDRESS			STREET ADDRESS	
TITLE		☐ Delete	MLE MARKET	☐ Change ☐ Addkio
STREET ADDRESS			STREET ADDRESS	-
CIY-SI-ZP		· Delete · · ·	CITY-ST-ZIP	Change - Accident
NAME			NAME	- County Change
STREET ADDRESS City-St-zip			STREET ADDRESS City-St-Zip	-
TITLE NAME		☐ Delete	TITLE NAME	Change Aoditio
STREET ADDRESS CITY+ST-ZP		•	STREET ADDRESS City-St-Zip	, i w
TITLE NAME "		, Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	·		STREET ADDRESS CITY-ST-209	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 the required by Chapter 608, Florida Statules.				
SIGNATURE: JOHN STOPED OR PRINTED NAME OF SIGNING MOMERY, MANAGER, OR AUTHORIZED REPRESENTATIVE ONE OF COMPUTE PLONE IS				
	SIGNATURE AND TYPED OR PRINTED NAME O		wen, un au incheleu ne ph	TRANSPORTE (MEE / / DRYNNE PTOPE II