2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State
05-09-2005 90050 014 ****50.00

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1. Entity Name
LAKESIDE MANOR, LLC

20058187

Principal Place of Business	Mailing Address
12143 - 88TH AVENUE NORTH SEMINOLE, FL 33772	12143 - 88TH AVENUE NORTH SEMINOLE, FL 33772

01042005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
676 Union Street	676 Union St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dunedin, Florida	City & State: Dunedin Florida
Zip: 34698 Country: USA	Zip: 34698 Country: USA

4. FEI Number: 20-0859944 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JAMES R. NIESET, P.A.
6740-D CROSSWINDS DRIVE NORTH
ST. PETERSBURG, FL 33710

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SENESAC, ROBIN K 12143 - 88TH AVENUE NORTH SEMINOLE, FL 33772	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Senesac, Robin K 676 Union Street Dunedin FL 34698	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Robin Senesac Robin Senesac 4/12/05 (727) 734-2820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #