

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030020

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: BENEFICIAL LAKEVIEW, LLC

**Current Principal Place of Business:**

6455 GATEWAY AVENUE  
SUITE A  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

6455 GATEWAY AVENUE  
SUITE A  
SARASOTA, FL 34231

**New Mailing Address:**

FEI Number: 26-0097867

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVE. SUITE 1100  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVE. SUITE 1400  
ORLANDO, FL 32801 US

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.

SIGNATURE:

04/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM (X) Delete  
Name: PAXTON FAMILY HOLDIN, GS, LLC  
Address: 6455 GATEWAY AVENUE, SUITE A  
City-St-Zip: SARASOTA, FL 34231

Title: MGR ( ) Delete  
Name: PAXTON, DONALD W  
Address: 6455 GATEWAY AVENUE, SUITE A  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONALD W. PAXTON

MGR

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date