

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070985

Entity Name: ST. LUKE LAKESIDE PLAZA, LLC

FILED  
Apr 08, 2005  
Secretary of State

**Current Principal Place of Business:**

21013 LAKE VIENNA DR.  
LAND O LAKES, FL 34639-831 US

**New Principal Place of Business:**

**Current Mailing Address:**

21013 LAKE VIENNA DR.  
LAND O LAKES, FL 34639-831 US

**New Mailing Address:**

FEI Number: 68-0597433

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WAHBA, DANIEL E  
21013 LAKE VIENNA DR.  
LAND O LAKES, FL 34639 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: WAHBA, DANIEL E  
Address: 21013 LAKE VIENNA DR.  
City-St-Zip: LAND O LAKES, FL 34639 US

Title: VP ( ) Delete  
Name: WAHBA, IRENE B  
Address: 21013 LAKE VIENNA DR.  
City-St-Zip: LAND O LAKES, FL 34639 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WAHBA, DANIEL E  
Address: 21013 LAKE VIENNA DR.  
City-St-Zip: LAND O LAKES, FL 34639 US

Title: MGRM (X) Change ( ) Addition  
Name: WAHBA, IRENE B  
Address: 21013 LAKE VIENNA DR.  
City-St-Zip: LAND O LAKES, FL 34639 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DANIEL WAHBA

MGRM

04/08/2005

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