

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078802

FILED
May 04, 2005
Secretary of State

Entity Name: LAKESIDE PLACE OF PORT SALERNO, LLC

Current Principal Place of Business:

4521 PGA BLVD.
SUITE 308
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

6671 W INDIANTOWN RD
SUITE 56
JUPITER, FL 33458

Current Mailing Address:

4521 PGA BLVD.
SUITE 308
PALM BEACH GARDENS, FL 33418

New Mailing Address:

6671 W INDIANTOWN RD
SUITE 56
JUPITER, FL 33458

FEI Number: 20-2781632 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VARA, DOMINIC
4521 PGA BLVD.
SUITE 308
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

VARA, DOMINIC
6671 W INDIANTOWN BLVD
SUITE 56
JUPITER, FL 33458 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: DOMINIC VARA

05/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: VARA, DOMINIC
Address: 4521 PGA BLVD., SUITE 308
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VARA, DOMINIC
Address: 6671 W INDIANTOWN BLVD SUITE 56
City-St-Zip: JUPITER, FL 33458

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: DOMINIC VARA

MGRM

05/04/2005

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