

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**DOCUMENT # L05000015153**

1. Entity Name

LAKESIDE PROPERTIES, LLC



Principal Place of Business

695 TOWN CENTER DRIVE, SUITE 700  
COSTA MESA CA 92626

Mailing Address

695 TOWN CENTER DRIVE, SUITE 700  
COSTA MESA CA 92626

2. Principal Place of Business

21563 INDIAN BAYOU DR.

Suite, Apt. #, etc.

3. Mailing Address

BOX 1, STATION 1

Suite, Apt. #, etc.

City & State

FORT MYERS BEACH, FL

Zip 33931

Country USA

City & State

FORT MYERS BEACH, FL

Zip 33932

Country USA

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC.  
SUITE E, 773 4TH AVENUE NORTH  
NAPLES FL 34102

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 is required when changing agent)

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME CARSLAKE, ALIDA  
STREET ADDRESS 695 TOWN CENTER DRIVE, SUITE 700  
CITY-ST-ZIP COSTA MESA CA 92626

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

**10.**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**ADDITIONS/CHANGES**

Change  Addition

21563 INDIAN BAYOU DRIVE  
FORT MYERS BEACH, FL 33931

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Carlsake, ALIDA CARSLAKE, March 15, 2006 239-463-8070*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED  
Mar 27, 2006 8:00 am  
Secretary of State**

03-27-2006 90051 048 \*\*\*\*50.00



1st MOORE CR2E083 (10/05)