2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State
05-03-2006 90034 024 ****50.00

DOCUMENT # L05000019329

1. Entity Name
LAKE VISTA ASSOCIATES, LLC

Principal Place of Business	Mailing Address
5252 SOUTH TAMIAMI TRAIL SARASOTA, FL 34231	5252 SOUTH TAMIAMI TRAIL SARASOTA, FL 34231

05012006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
333 S. Tamiami Trail		333 S. Tamiami Trail	
Suite, Apt. #, etc.: Suite 101		Suite, Apt. #, etc.: Suite 101	
City & State: Venice, FL		City & State: Venice, FL	
Zip: 34285	Country	Zip: 34285	Country

4. FEI Number 20-2401374 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KALIN, EDWARD L
5252 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34231

7. Name and Address of New Registered Agent

Name: Michael W. Miller
Street Address (P.O. Box Number is Not Acceptable): 333 S. Tamiami Trail, Suite 101
City: Venice FL Zip Code: 34285

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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGR NAME MICHAEL W. MILLER STREET ADDRESS 333 S. TAMIAMI TRAIL, STE. 101 CITY-ST-ZIP VENICE, FL 34285	☐ 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 exemptions contained in Chapter 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: ______________________ 4/28/06 941-441-1380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #