

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020182

Entity Name: LAKEVIEW VENTURES, L.L.C.

FILED  
May 10, 2007  
Secretary of State

## Current Principal Place of Business:

1403 MEDICAL PLAZA DRIVE  
SUITE 204  
SANFORD, FL 32771 US

## New Principal Place of Business:

## Current Mailing Address:

413 VISTA OAK DRIVE  
LONGWOOD, FL 32779 US

## New Mailing Address:

FEI Number: 20-2417683      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:

LEFKOWITZ, IVAN M  
430 N MILLS AVE  
ORLANDO, FL 32803 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/MANAGERS:

Title: MGR ( ) Delete  
Name: SHANMUGHAM, SAMPATHKUMAR  
Address: 1403 MEDICAL PLAZA DRIVE, SUITE 204  
City-St-Zip: SANFORD, FL 32771 US

Title: MGR ( ) Delete  
Name: GIZAW, ELIAS M  
Address: 1403 MEDICAL PLAZA DRIVE, SUITE 204  
City-St-Zip: SANFORD, FL 32771 US

Title: MGR ( ) Delete  
Name: SHEKHADIA, NITESH J  
Address: 1403 MEDICAL PLAZA DRIVE, SUITE 204  
City-St-Zip: SANFORD, FL 32771 US

## ADDITIONS/CHANGES:

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

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: SAMPATHKUMAR SHANMUGHAM

MGR

05/10/2007

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