
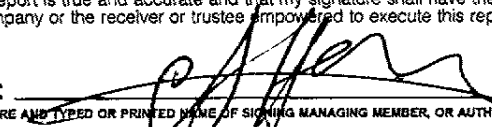


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

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|--|--|---|
| <b>DOCUMENT # L05000027300</b><br>1. Entity Name<br>ATC LAKESIDE DEVELOPMENT, LLC  |  |  |
| Principal Place of Business<br>7932 W SAND LAKE RD<br>300<br>ORLANDO, FL 32819   | Mailing Address<br>7932 W SAND LAKE RD<br>300<br>ORLANDO, FL 32819                   |   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |   |
| 6. Name and Address of Current Registered Agent<br><br>HARB, A. TOM<br>7594 W. SAND LAKE ROAD<br>ORLANDO, FL 32819   |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____  |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | 1111000608898<br>02/01/07-80029-010 50.00   |
| 9. MANAGING MEMBERS/MANAGERS   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>PHOENICIA DEVELOPMENT, LLC<br>7594 SAND LAKE ROAD<br>ORLANDO, FL 32819       | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>ALTAMONTE TOWN CENTER III, LLC<br>7505 W SAND LAKE ROAD<br>ORLANDO, FL 32819 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>  |  | 1/23/07 407-226-8888<br><small>Date Daytime Phone #</small>                       |