



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90064 011 ****50.00

DOCUMENT # L05000033124 1. Entity Name LAKESIDE PROFESSIONAL CENTER LLC			
Principal Place of Business 2295 N.W. CORPORATE BOULEVARD, SUITE 245 BOCA RATON, FL 33431		Mailing Address 2295 N.W. CORPORATE BOULEVARD, SUITE 245 BOCA RATON, FL 33431	
2. Principal Place of Business 1197 S. Rogers Circle Suite, Apt. #, etc.		3. Mailing Address 1197 S. Rogers Circle Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33487	Country	Zip 33487	Country
4. FEI Number 20-2774748		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LUBITZ, CHARLES A 515 NORTH FLAGLER DRIVE, SUITE 1700 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent 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 _____ (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	MGRM GOLDSTEIN, DALE 2295 N.W. CORPORATE BOULEVARD, SUITE 245 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUPO, JACK 2295 N.W. CORPORATE BOULEVARD, SUITE 245 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUPO, JACK 2295 N.W. CORPORATE BOULEVARD, SUITE 245 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		1/16/06 561-998-7100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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