2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 23, 2006 8:00 am Secretary of State **DOCUMENT # L05000035168** 02-27-2006 90427 042 ****50.00 L Entity Name LAKESIDE FARMS, LLC Principal Place of Business Mailing Address 3315 NE 15TH STREET FORT LAUDERDALE FL 33304 3315 NE 15TH STREET FORT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLODIG, GREGORY J 100 W. CYPRESS CREEK ROAD, SUITE 700 FORT LAUDERDALE FL 33309 Street Address (P.O. Box Number is Not Acceptable) City 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. (NOTE: Registated Agent signature required when reinstitung) FILE NOW!!!KFEE IS \$50:00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES THILE MGR . . ☐ Delate TITLE ☐ Change ☐ Addition NAME CASE, ROBERT A MANEE STREET ADDRESS STREET ADDRESS 3315 NE 15TH STREET CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-S1-7/P BRE MGR Delete TIBLE ☐ Change ☐ Add tion NAME RORABECK, DAVID A MALIF STREET ADDRESS, 5539 S. MILITARY TRAIL STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKE WORTH FL 33463 DILL Dulaire THUE_ Change ☐ Addition NAME HALE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET LADORESS CITY-ST-7IP CITY-SI-ZIP TITLE ☐ Delete πιε ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY ST-7P ☐ Octete IITLE TITLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZP 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 if an a managing member or manager of the limited liability company or the pectiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Distance Press I

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2006

LAKESIDE FARMS, LLC 3315 NE 15TH STREET FORT LAUDERDALE, FL 33304

Subject: LAKESIDE EARMS, LLC

Reference Number:

L05000035168

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION

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