2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED DOCUMENT # L05000038112 Feb 01, 2007 08:00 AM **Secretary of State** LAKE SHORE REAL ESTATE DEVELOPMENT, LLC Principal Place of Business Mailing Address 129 VIA QUANTERA 129 VIA QUANTERA PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 47-0953380 Not Applicable Zip Country Zip 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 Namo DADDONO, WILLIAM JR Street Address (P.O. Box Number is Not Acceptable) 129 VIA QUANTERA PALM BEACH GARDENS FL 33418 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 Signature, typed or punted name of registered agent and title if annilosable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State U00000615693 Due By May 1, 2007 02/06/07-80080-022 50.00 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. TOTE ☐ Delete Mit [Change Addition DADDONO, WILLIAM JR STREET ADDRESS STREET ADDRESS 129 VIA QUANTERA CITY - ST- ZIP PALM BEACH GARDENS FL 33418 CHTY-ST-ZIP THE Delete mit ☐ Change Addition NAMI' NAMI STREET ADDRESS STREET LADORESS CHY+SI-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP mu ☐ Delete ☐ Change Addition NAMI STREET ADDRESS STREE! ACCRESS CITY-SI-ZIP CITY-S1-ZIP TITLE ☐ Defete TITLI ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-S1-7IP ши ☐ Delete Addition NAME NAMI:

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 eath; 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.

STREET ADDRESS

SIGNATURE: Wilhie Deschop Pros.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

1/29/07

312-659-1336