

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90045 049 \*\*\*\*50.00

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03092006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000051972</b> 1. Entity Name <b>LAKESIDE 1, LLC</b>					
Principal Place of Business P.O. BOX 611575, 8 GEORGETOWN AVENUE SUITE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461			Mailing Address P.O. BOX 611575, 8 GEORGETOWN AVENUE SUITE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461		
2. Principal Place of Business <b>82 S. Barrett Square</b> Suite, Apt. #, etc. <b>Suite 2A</b>		3. Mailing Address <b>P.O. Box 611296</b> Suite, Apt. #, etc.			
City & State <b>Rosemary Beach, FL</b> Zip <b>32461</b>		City & State <b>Rosemary Beach, FL</b> Zip <b>32461</b>		4. FEI Number <b>20-2896158</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ZEITLIN, BRAD</b> <b>8 GEORGETOWN AVENUE</b> <b>SUITE 8A, 1ST FLOOR</b> <b>ROSEMARY BEACH, FL 32461</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>82 S. Barrett Square</b> <b>Suite 2A</b> City <b>Rosemary Beach</b> <b>FL</b> Zip Code <b>32461</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>MOSAIC CAPITAL PARTNERS II, LLC</b> <b>P.O. BOX 611575, 8 GEORGETOWN AVENUE</b> <b>ROSEMARY BEACH, FL 32461</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>New Orchard Group, LLC</b> <b>82 S. Barrett Square, Suite 2A</b> <b>Rosemary Beach, FL 32461</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			<b>Judd Jackson</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>4/3/06</b>		
			Daytime Phone # <b>850-231-0850</b>		