

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074394

Entity Name: LAKESIDE DEVELOPERS, LLC

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

1919 NIGHTFALL DRIVE  
NEPTUNE BEACH, FL 32266

**New Principal Place of Business:**

**Current Mailing Address:**

1919 NIGHTFALL DRIVE  
NEPTUNE BEACH, FL 32266

**New Mailing Address:**

FEI Number: 20-3218838

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRUBBS, DARYL C  
1919 NIGHTFALL DRIVE  
NEPTUNE BEACH, FL 32266 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GRUBBS, DARYL  
Address: 1919 NIGHTFALL DRIVE  
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: MGR ( ) Delete  
Name: GRUBBS, AARON C  
Address: 1919 NIGHTFALL DRIVE  
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: MGR ( ) Delete  
Name: PADGETT, DONALD A  
Address: 910 THIRD STREET SUITE A  
City-St-Zip: NEPTUNE BEACH, FL 32266

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DARYL GRUBBS

MGR

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date