

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

04-18-2008 90156 028 ***138.75

DOCUMENT # L05000081745 1. Entity Name LAKEVIEW CONSULTING ASSOCIATES, LLC			
Principal Place of Business 4400 BISCAYNE BLVD SUITE 900 MIAMI, FL 33137		Mailing Address 4400 BISCAYNE BLVD SUITE 900 MIAMI, FL 33137	
2. Principal Place of Business - No P.O. Box # 2701 GATEWAY DRIVE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2701 GATEWAY DRIVE <small>Suite, Apt. #, etc.</small>	
City & State Pompano Beach, FL <small>Zip Country</small> 33069 USA		City & State Pompano Beach, FL <small>Zip Country</small> 33069 USA	
4. FEI Number 20-3352841		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 HELLMAN, MAYNARD J ESQ 4400 BISCAYNE BLVD SUITE 900 MIAMI, FL 33137		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2701 GATEWAY DRIVE City Pompano Beach FL 33069	
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 DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHURGIN, DAVID 19925 NW 39TH PLACE AVENTURA, FL 33180 <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
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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:		Date 5/15/08 (954) 691-0860	

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