

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90129 017 \*\*\*\*50.00

DOCUMENT # L05000088614

1. Entity Name  
LAKE IDA LLC



Principal Place of Business  
2805 EAST OAKLAND PARK BLVD  
STE 392  
FORT LAUDERDALE, FL 33306 US

Mailing Address  
2805 EAST OAKLAND PARK BLVD  
STE 392  
FORT LAUDERDALE, FL 33306 US

20007884



2. Principal Place of Business

409

3. Mailing Address

409

Suite, Apt. #, etc.

SE 16<sup>TH</sup> ST COURT

Suite, Apt. #, etc.

SE 16<sup>TH</sup> ST COURT

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE FL

Zip

33316

Country

US

Zip

33316

Country

US

02012006 Chg-LLC CR2E083 (11/05)

4. FFI Number

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PISONI, MATT  
2805 EAST OAKLAND PARK BLVD  
STE 392  
FORT LAUDERDALE, FL 33306

7. Name and Address of New Registered Agent

Name PISONI, MATTHEW

Street Address (P.O. Box Number is Not Acceptable)

409 SE 16<sup>TH</sup> ST COURT

City FORT LAUDERDALE

FL

Zip Code 33316

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 MATTHEW PISONI

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

02/03/06

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME PISONI, MATT  
STREET ADDRESS 2805 EAST OAKLAND PARK BLVD  
CITY-ST-ZIP FORT LAUDERDALE, FL 33306

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE OF REGISTERED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

MATTHEW PISONI

02/03/06

Date

954-568-9900

Daytime Phone #