
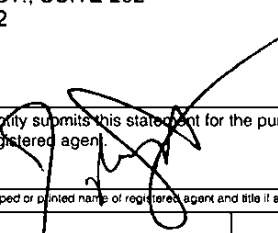
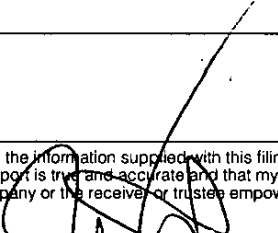


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90213 047 ****50.00

DOCUMENT # L05000088876 1. Entity Name LAKESIDE STATION, LLC					
Principal Place of Business 505 E JACKSON ST., SUITE 202 TAMPA, FL 33602			Mailing Address 505 E JACKSON ST., SUITE 202 TAMPA, FL 33602		
2. Principal Place of Business 3658 Erindale Dr Suite, Apt. #, etc.		3. Mailing Address 3658 Erindale Dr Suite, Apt. #, etc.			
City & State Valrico FL Zip 33594 Country		City & State Valrico FL Zip 33594 Country		4. FEI Number 20-3455360 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04042006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent HASBINI, ALI 505 E JACKSON ST., SUITE 202 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3658 Erindale Dr City Valrico FL Zip Code 33594		
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.</small>			ALI HASBINI, MGR 3/31/06 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS.			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HASBINI, ALI 505 E JACKSON ST., SUITE 202 TAMPA, FL 32602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HASBINI, ALI 505 E JACKSON ST., SUITE 202 TAMPA, FL 32602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HASBINI, ALI 505 E JACKSON ST., SUITE 202 TAMPA, FL 32602	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HASBINI, ALI 505 E JACKSON ST., SUITE 202 TAMPA, FL 32602	<input type="checkbox"/> Delete			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			ALI HASBINI, MGR 3/31/06 813-681-8419 <small>Date Daytime Phone #</small>		