

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106967

FILED
Apr 24, 2008
Secretary of State

Entity Name: LAKESIDE PROMENADE, LLC

Current Principal Place of Business:

3740 ST. JOHNS BLUFF RD. S.
#16
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

3740 ST. JOHNS BLUFF RD. S.
#16
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-3924128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALSHAW, LARRY E
3740 ST. JOHNS BLUFF RD. S.
#16
JACKSONVILLE, FL 32224 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: WALSHAW, LARRY E
Address: 3740 ST. JOHNS BLUFF RD S, STE. 16
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR () Delete
Name: BRADY, JAMES G
Address: 3740 ST. JOHNS BLUFF RD S, STE. 16
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WALSHAW, LARRY E
Address: 3740 ST. JOHNS BLUFF RD S, STE. 16
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM (X) Change () Addition
Name: BRADY, JAMES G TRUSTEE
Address: 3740 ST. JOHNS BLUFF RD S, STE. 16
City-St-Zip: JACKSONVILLE, FL 32224

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: LARRY WALSHAW

MGRM

04/24/2008

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