

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009836

FILED
Jan 16, 2009
Secretary of State

Entity Name: ATC LAKESIDE DEVELOPMENT II, LLC

Current Principal Place of Business:

7932 W. SAND LAKE ROAD, SUITE 102
ORLANDO, FL 32819

New Principal Place of Business:

7932 W. SAND LAKE ROAD
102
ORLANDO, FL 32819

Current Mailing Address:

7932 W. SAND LAKE ROAD, SUITE 102
ORLANDO, FL 32819

New Mailing Address:

7932 W. SAND LAKE ROAD
102
ORLANDO, FL 32819

FEI Number: 20-4553000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARB, A. TOM
7932 W. SAND LAKE ROAD, SUITE 300
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

HARB, A. TOM
7932 W. SAND LAKE ROAD
102
ORLANDO, FL 32819 US

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:

01/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PHONECIA DEVELOPMENT, , LLC
Address: 7932 W. SAND LAKE ROAD, SUITE 102
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Delete
Name: ALTAMONTE TOWN CENTE, R IV, LLC
Address: 7505 W. SAND LAKE ROAD
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

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: TOM HARB

MGR

01/16/2009

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