



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90169 033 ***138.75

DOCUMENT # L06000043163 1. Entity Name LAKESIDE PALMS, LLC					
Principal Place of Business 375 COMMERCE PARKWAY STE 100 ROCKLEDGE, FL 32955 US			Mailing Address 375 COMMERCE PARKWAY STE 100 ROCKLEDGE, FL 32955 US		
2. Principal Place of Business - No P.O. Box # 317 Riveredge Blvd Suite, Apt. #, etc. Suite 100		3. Mailing Address 317 Riveredge Blvd Suite, Apt. #, etc. Suite 100			
City & State Cocoa, FL		City & State Cocoa, FL		01312008 Chg-LLC CR2E083 (12/06)	
Zip 32922		Country USA		4. FEI Number 84-1712730	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent LONG, DONALD J 375 COMMERCE PARKWAY ROCKLEDGE, FL 32955			7. Name and Address of New Registered Agent Name Donald J. Long Street Address (P.O. Box Number is Not Acceptable) 317 Riveredge Blvd Suite 100 City Cocoa FL Zip Code 32922		
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 <u><i>Donald J. Long</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGRM LONG, DONALD J 317 RIVEREDGE BLVD, STE 100 ROCKLEDGE, FL 32955	<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
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: <u><i>Donald J. Long</i></u>			Date 2-5-2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					