2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L06000107811

1. Entity Name
LAKESIDE CENTRE DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
1069 MAIN STREET SEBASTIAN, FL 32958	1069 MAIN STREET SEBASTIAN, FL 32958

01112008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5966071

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LULICH, STEVEN
1069 MAIN STREET
SEBASTIAN, FL 32958

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

000006552193
04/16/08-80031-012 138.75

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LULICH, STEVEN
STREET ADDRESS	1069 MAIN STREET
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	P
NAME	LULICH, STEVEN
STREET ADDRESS	1069 MAIN STREET
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	S
NAME	LULICH, LINDA
STREET ADDRESS	1069 MAIN STREET
CITY-ST-ZIP	SEBASTIAN, FL 32958
	MGRM
	PRINCE, VERNON
ET ADDRESS	108 ISLAND VIEW DR
ST-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	V
NAME	PRINCE, VERNON
STREET ADDRESS	108 ISLAND VIEW DR
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4/4/08 7725895500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #