## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000107811

Entity Name: LAKESIDE CENTRE DEVELOPMENT, LLC

INDIAN HARBOUR BEACH, FL 32937

City-St-Zip:

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1069 MAIN STREET SEBASTIAN, FL 32958 **Current Mailing Address: New Mailing Address:** 1069 MAIN STREET SEBASTIAN, FL 32958 FEI Number: 20-5966071 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LULICH, STEVEN 1069 MÁIN STREET SEBASTIAN, FL 32958 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete LULICH, STEVEN Name: Name: Address: 1069 MAIN STREET Address: City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LULICH, STEVEN Name: Address: 1069 MAIN STREET Address: City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip: Title: () Delete Title: () Change () Addition LULICH, LINDA Name: Name: Address: 1069 MAIN STREET Address: City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition PRINCE, VERNON Name: Name: Address: 108 ISLAND VIEW DR Address: City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 City-St-Zip: Title: () Delete Title: () Change () Addition PRINCE, VERNON Name: Name: 108 ISLAND VIEW DR Address: Address:

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.

City-St-Zip:

SIGNATURE: STEVEN LULICH MGRM 04/30/2009