2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# L06000119668

Entity Name: LAKESIDE CROSSING, LLC

Current Principal Place of Business:

1940 RAINBOW DRIVE
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

1940 RAINBOW DRIVE
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 20-8086338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARLTON, ROSALYN
675 SOUTH GULFVIEW BLVD. #204
CLEARWATER, FL 33767 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:	MGRM	( ) Delete
Name:	BATDORF, CHARLES	
Address:	1940 RAINBOW DRIVE	
City-St-Zip:	CLEARWATER, FL 33765	
Title:	MGRM	( ) Delete
Name:	BATDORF, LINDA	
Address:	1940 RAINBOW DRIVE	
City-St-Zip:	CLEARWATER, FL 33765	
Title:	MGRM	( ) Delete
Name:	KULE, RONALD	
Address:	420 LOTUS PATH	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	MGRM	( ) Delete
Name:	KULE, SHERRY	
Address:	420 LOTUS PATH	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	MGRM	( ) Delete
Name:	CARLTON, ROSALYN	
Address:	675 SOUTH GULFVIEW BLVD. #204	
City-St-Zip:	CLEARWATER, FL 33767	
Title:	MGRM	( ) Delete
Name:	SPAGNOLA, JOHN	
Address:	675 SOUTH GULFVIEW BLVD. #204	
City-St-Zip:	CLEARWATER, FL 33767	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: LINDA BATDORF MGRM 03/04/2009

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