

**File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 MAR 26 AM 11:19

**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L96000000238**

Lakeside Center, L.C.  
50 North Laura Street  
Suite 3900  
Jacksonville, FL 32202

1a. Principal Place of Business Address

50 North Laura Street  
Suite 3900  
Jacksonville, FL 32202

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Organized or Qualified

2/29/96

4. FEI Number

59-3374663

3a. State of Formation

Florida

☐ Applied For

☐ Not Applicable

5. Date of Last Report

4/27/98

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

Intrastate Registered Agent Corporation  
701 Brickell Avenue  
Suite 3000  
Miami, FL 33131

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(If Registered Agent Applying Appointment, fill in the Registered Agent Signature and Date in this block.)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MAN	Saoud, Edmond	8843-1 San Jose Blvd.	Jacksonville, FL
MAN	Wallis, Donald W.	50 N. Laura St., Suite 3900	Jacksonville, FL

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-03/26/99--01059--018  
\*\*\*188.75 \*\*\*188.75

*Handwritten signature and date 3-26*

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

*Handwritten signature of Donald W. Wallis*

3-22-99

904-798-5439

SIGNATURE AND CERTIFIED NAME OF SECRETARY, MANAGING MEMBER OR MANAGER

Day

Day