


**FILE NOW: Fee after May 1, will be \$588.75**

**FILED**  
**Jun 17 1997 8:00am**  
**Secretary of State**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> <b>\$ 203.75</b>	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L96000000951**

LAKESIDE PROPERTIES, L.C.  
1124 ALACHUA AVE.  
TALLAHASSEE FL 32308

SECRETARY OF STATE

1a. Principal Place of Business ~~TALLAHASSEE, FLORIDA~~

1124 ALACHUA AVE.  
TALLAHASSEE FL 32308

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/09/1996	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	59-3401268	5. Date of Last Report
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
LOVETT, JOHN C ESQ. 106 EAST COLLEGE AVE. SUITE 1200 TALLAHASSEE FL 32301	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 \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SPEARS, DONALD	P.O. BOX 622 N/A	MALVERN AK
MGRM	DAWSON, JOHN H JR.	P.O. BOX 752 N/A	CAMDEN AK
MGRM	Booth, Hurley	1124 ALACHUA AVE	Tallahassee, FL 32308
			4000002217624-8 -06/19/97-01114-003 ****597.50 ****597.50
			Bo-17-97

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:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #