

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000349

FILED
Mar 27, 2006
Secretary of State

Entity Name: LAKESIDE ASSOCIATES OF LAKE COUNTY, L.C.

Current Principal Place of Business:

P.O. BOX 144536
CORAL GABLES, FL 33114 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 144536
CORAL GABLES, FL 33114 US

New Mailing Address:

153 SELVILLA AVENUE
CORAL GABLES, FL 33134 US

FEI Number: 65-0821077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

M.J.F. REGISTERED AGENT CORP.
153 SEVILLA AVENUE
CORAL GABLES, FL 33134 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: VAZQUEZ, SANDRA
Address: 2401 DOUGLAS ROAD
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: NESSLEIN, DAVID A
Address: 2401 DOUGLAS ROAD
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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 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: DAVID NESSLEIN

MGRM

03/27/2006

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