

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L99000009040

1. Entity Name

LAKESIDE INVESTMENT GROUP, L.L.C.



FILED Feb 05, 2005 08:00 AM Secretary of State

Principal Place of Business

2636 MELLOW LANE SEBRING, FL 33870 Mailing Address

2636 MELLOW LANE SEBRING, FL 33870



01162005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0977863 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HANDLEY, WILLIAM R 2636 MELLOW LANE SEBRING, FL 33870

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8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAĞING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGR HANDLEY, WILLIAM R 2636 MELLOW LANE SEBRING, FL 33870		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HANDLEY, PATRICIA 2636 MELLOW LANE SEBRING, FL 33870		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	IOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP		IN TI	HIS SPACE
TITLE NAME STREET ADORESS CITY-ST-ZIP			-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.			

WILLIAM R. HANDLEY