

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90104 049 \*\*\*\*50.00

**DOCUMENT # M00000001543**

1. Entity Name

**LAKEVIEW SHOPPING CENTER LLC**



Principal Place of Business

Mailing Address

**WORLD TRADE CENTER EAST  
2 SEAPORT LANE  
BOSTON MA 02210-2021**

**WORLD TRADE CENTER EAST  
2 SEAPORT LANE  
BOSTON MA 02210-2021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **04-2525479**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PD** ☐ Delete  
NAME **BRADLEY, DANIEL J**  
STREET ADDRESS **2 SEAPORT LANE**  
CITY-ST-ZIP **BOSTON MA 02110**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **FINNEGAN, JAMES J**  
STREET ADDRESS **2 SEAPORT LANE**  
CITY-ST-ZIP **BOSTON MA 02110**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VT** ☐ Delete  
NAME **MARTIN, JONATHAN**  
STREET ADDRESS **2 SEAPORT LANE**  
CITY-ST-ZIP **BOSTON MA 02110**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AT** ☐ Delete  
NAME **MAGEE, LINDA**  
STREET ADDRESS **2 SEAPORT LANE**  
CITY-ST-ZIP **BOSTON MA 02110**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AV** ☐ Delete  
NAME **ALBONESE, WILLIAM J**  
STREET ADDRESS **2 SEAPORT LANE**  
CITY-ST-ZIP **BOSTON MA 02110**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I 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 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.

**SIGNATURE REQUIRED**  
**SIGNATURE:** *Susan E. Pouchard* **Susan E. Pouchard** **8/15/03** **(617) 261-9000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)