

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001622

Entity Name: LAKEVIEW GROUP, LLC

FILED
Jun 09, 2005
Secretary of State

Current Principal Place of Business:

1424 NW 126TH AVENUE
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1424 NW 126TH AVENUE
SUNRISE, FL 33323

New Mailing Address:

9506 BLUE STONE CIRCLE
FT. MYERS, FL 33913

FEI Number: 41-2134254 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHACON, ORLANDO
1424 NW 126TH AVENUE
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

CHACON, ORLANDO
9506 BLUE STONE CIRCLE
FT. MYERS, FL 33913 US

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

06/09/2005

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHACON, ORLANDO
Address: 1424 NW 126TH AVENUE
City-St-Zip: SUNRISE, FL 33323

Title: MGR (X) Delete
Name: GUZMAN-CHACON, LIGIA
Address: 1424 NW 126TH AVENUE
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHACON, ORLANDO
Address: 9506 BLUE STONE CIRCLE
City-St-Zip: FT. MYERS, FL 33913

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 Section 119.07(3)(i), 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: ORLANDO CHACON

MGR

06/09/2005

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