



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90061 030 ****50.00

DOCUMENT # M04000002352					
1. Entity Name LAKESIDE AT INLET BEACH, LLC					
Principal Place of Business 8 GEORGETOWN AVE, STE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461			Mailing Address 8 GEORGETOWN AVE, STE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461		
2. Principal Place of Business 82 South Barnett Square Suite, Apt. #, etc. Suite 2 A		3. Mailing Address P.O. Box 611296 Suite, Apt. #, etc.			
City & State Rosemary Beach, FL Zip 32461		City & State Rosemary Beach, FL Zip 32461		4. FEI Number 20-1198703	
Country U.S.		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZEITLIN, BRAD 8 GEORGETOWN AVE, STE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 82 South Barnett Square, Suite 2 A City Rosemary Beach FL Zip Code 32461		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input type="checkbox"/> Delete MOSAIC CAPITAL PARTNERS II, LLC PO BOX 611575 ROSEMARY BEACH, FL 32461				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MAR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition New Orchard Group, LLC P.O. Box 611296 Rosemary Beach, FL 32461				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <i>EVP of Finance</i> 3/29/06 850.731.0850 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					