

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # M05000000213**

**1. Entity Name**  
**FLA LAKESIDE, LLC**



**Principal Place of Business**  
**212 WEST VAN BUREN STREET, 9TH FLOOR**  
**CHICAGO, IL 60607**

**Mailing Address**  
**212 WEST VAN BUREN STREET, 9TH FLOOR**  
**CHICAGO, IL 60607**



04092008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**20-2163049**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

**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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000910542  
05/07/08-80008-011 138.75

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>LAKESIDE HOLDINGS-FLA, LLC</b>
<b>STREET ADDRESS</b>	<b>212 WEST VAN BUREN STREET, 9TH FLOOR</b>
<b>CITY-ST-ZIP</b>	<b>CHICAGO, IL 60607</b>
<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>POLLACK, ALAN</b>
<b>STREET ADDRESS</b>	<b>212 WEST VAN BUREN STREET 9TH FLOOR</b>
<b>CITY-ST-ZIP</b>	<b>CHICAGO, IL 60607</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:**

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

Date

Daytime Phone #