

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M06000001902**

1. Entity Name  
**LAKESIDE PALM BEACH EAST MHP, LLC**



Principal Place of Business  
**70 OLD STONEFIELD WAY  
PITTSFORD, NY 14535**

Mailing Address  
**70 OLD STONEFIELD WAY  
PITTSFORD, NY 14535**



03072007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**86-1158833**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**UCC FILING & SEARCH SERVICES, INC.  
1574 VILLAGE SQUARE BLVD., SUITE 100  
TALLAHASSEE, FL 32309**

**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 reinstalling)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BURNHAM, KENNETH C
STREET ADDRESS	642 KREAG ROAD
CITY - ST - ZIP	PITTSFORD, NY 14534
TITLE	MGRM
NAME	GEBAUER, DANIEL
STREET ADDRESS	5550 POWERS ROAD
CITY - ST - ZIP	ORCHARD PARK, NY 14127
TITLE	MGRM
NAME	GBIC, LLC
STREET ADDRESS	320 ALLENS CREEK ROAD
CITY - ST - ZIP	ROCHESTER, NY 14618
TITLE	MGRM
NAME	LUELLEN, FRANK E
STREET ADDRESS	36 TOBEY BROOK ROAD
CITY - ST - ZIP	PITTSFORD, NY 14534
TITLE	MGRM
NAME	AJMRT, LLC
STREET ADDRESS	43 MENDOTA CIRCLE
CITY - ST - ZIP	ROCHESTER, NY 14625
TITLE	MGRM
NAME	MAFILOS, ANNA K
STREET ADDRESS	95 CHASEWOOD CIRCLE
CITY - ST - ZIP	ROCHESTER, NY 14618

U000000669210  
03/27/07-80064-003 50.00

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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 #

3/9/07 (585) 586-2828