

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 18, 2008 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



01302008 No Chg-LLC

CR2E083 (12/07)

**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 reconstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
BURNHAM, KENNETH C  
642 KREAG ROAD  
PITTSFORD, NY 14534

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
GEBAUER, DANIEL  
5550 POWERS ROAD  
ORCHARD PARK, NY 14127

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
GBIC, LLC  
320 ALLENS CREEK ROAD  
ROCHESTER, NY 14618

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
LUELLEN, FRANK E  
36 TOBEY BROOK ROAD  
PITTSFORD, NY 14534

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
AJMRT, LLC  
43 MENDOTA CIRCLE  
ROCHESTER, NY 14625

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MAFILIOS, ANNA K  
95 CHASEWOOD CIRCLE  
ROCHESTER, NY 14618

U00000830342  
02/26/08-80080-001 138.75

**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 #

*Kenneth C. Burnham* 29-08 585-586-2824