

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000001903
 1. Entity Name
LAKESIDE PALM BEACH MANAGEMENT, LLC



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

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

DO NOT WRITE IN THIS SPACE



01302008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4301264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**UCC FILING & SEARCH SERVICES, INC.
 1574 VILLAGE SQUARE BLVD.
 STE. 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 _____ (NOTE: Registered Agent signature required when reinstating) 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 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000830346
 02/26/08-80080-002 138.75

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: *Kenneth C. Burnham* **Kenneth C. Burnham**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

1-29-08 585-586-2828