

**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**



01302008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4301264**

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.  
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 \_\_\_\_\_

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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BURNHAM, KENNETH C
STREET ADDRESS	642 KREAG ROAD
CITY-ST-ZIP	PITTSFORD, NY 14534
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	MAFILIOS, ANNA K
STREET ADDRESS	95 CHASEWOOD CIRCLE
CITY-ST-ZIP	ROCHESTER, NY 14618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000830346  
02/26/08-80080-002 138.75

**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

*Kenneth C. Burnham*

1-29-08

585-586-2828

Date

Daytime Phone #