

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000006940

1. Entity Name
LAKESIDE HOLDINGS-FLA, 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

FILED
Jul 15, 2008 08:00 AM
Secretary of State



07112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2163080

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 re-registering)

DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000954923
07/15/08-800003-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FAP/PMC, LLC
STREET ADDRESS	212 WEST VAN BUREN STREET, 9TH FLOOR
CITY-STATE-ZIP	CHICAGO, IL 60607

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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

7/17/08

Date

312
3777100
202

Daytime Phone #