


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000006940 1. Entity Name LAKESIDE HOLDINGS-FLA, LLC	
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FILED
Jul 15, 2008 08:00 AM
Secretary of State

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
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07112008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2163080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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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 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.

U00000954823
07/15/08-80003-015 138.75

9. MANAGING MEMBERS/MANAGERS

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

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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: *Alan Bellomy* *7/12/08* *312*
 _____ _____ *3777100*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #