

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001345

Entity Name: LAKESIDE VILLAGE CENTER, LLC

Current Principal Place of Business:

7500 COLLEGE PARKWAY
FORT MYERS, FL 33907

Current Mailing Address:

7500 COLLEGE PARKWAY
FORT MYERS, FL 33907

FEI Number: 65-1242768

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAFELE, DALE G
7500 COLLEGE PARKWAY
FORT MYERS, FL 33907 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name NAP II INVESTMENT MANAGEMENT
COMPANY, INC.
Address 7500 COLLEGE PARKWAY
City-State-Zip: FORT MYERS FL 33907

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN P. RILEY

TREASURER

04/22/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date