2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000024755

1. Entity Name

GREENWOOD LAKE PROPERTIES, LLC



FILED
Jan 22, 2003 8:00 am
Secretary of State
01-22-2003 90094 003 ****50.00

			*			The same of the sa					
Principal Place of Business C/O JAMES R. POKORNY			Mailing Address								
C/O JAMES R 1550 LANDER PEPPER PIKE	ROAD		C/O JAMES R. POKORNY 3550 LANDER ROAD PEPPER PIKE OH 44124	•) (186)()	1/1	N 12 13) 26 310 (7 0 31 0 3 3 13 1 000 7	NH A T O UD 1 44 1
2. Principal f	Place of Busin	ness	3. Mailing Address			_					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				l 61 1/9771/ 			pplied For	
Zip Country			Zip	ntry	5. Certificate of Status		te of Status Desired		\$5.00 Ad	Iditional	
	6. Name	and Address of Current R	egistered Agent	istered Agent			7. Name ar	d Address of New I	Registered	Agent	
ο τ	0000004	TION OVOTEN			Name						
120	0 SOUTH P	TION SYSTEM INE ISLAND ROAD			Street A	ddress (P	O. Box Numl	per is Not Acceptable	e)		
PLA	ntation f	L 33324	•								
					City				FL	Zip Cod	de
B. The above	named entity	y submits this statement for	the purpose of changing its	s register	ed office or	registere	d agent, or b	oth, in the State of Flo	orida. 1 am	familiar with,	and accept
the obligat	tions of regist	ered agent.									,
SIGNATURE											
	Signature, typed	or printed name of registered agent an	d title if applicable. (NO	TE: Registere	d Agent signatu	ure required w	hen reinstating)		DATE		
٠			FILE N	ow!!! I	FEE IS \$	50.00					
			Make Check Payab	le to Flo	orida Dep	partmen	t of State				
					y 1, 2003						
).	·	MANAGING MEMBER	S/MANAGERS	10.				ADDITIONS	/CHANGES		
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	ertify that the	information supplied with th	ie filing door not qualify fo			od in Ca	ion 110 07/01	(C) Florido Certar - 1		A1E . 2E . 4 . 4 4	-1
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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:

James R. Pokorny

216.910.0486

Daytime Phone #