

2001 UNIFORM BUSINESS REPORT (UBR)

0000398 AF

DOCUMENT # A00000000814

1. Entity Name

LGW PROPERTY MANAGEMENT, LTD.

FILED

Principal Place of Business
437 EAST MONROE STREET
JACKSONVILLE FL 32202

Mailing Address
437 EAST MONROE STREET
JACKSONVILLE FL 32202

01 JAN 24 AM 11:25

SECRETARY OF STATE
TALLAHASSEE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALTERS, MICHAEL A
50 NORTH LAURA STREET, SUITE 2200
JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$100.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000045506
NAME LGW PROPERTY MANAGEMENT, INC.
STREET ADDRESS 437 EAST MONROE STREET
CITY-ST-ZIP JACKSONVILLE FL 32202

STREET ADDRESS

CITY-ST-ZIP

1000003602091 7
-01/30/01--01133--003
****150.00 ****150.00

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-18-01 904-358-3898

Date

Daytime Phone #

CR2E003 (11/00)