

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002930

1. Entity Name

LECHNER FAMILY, LLC

Principal Place of Business

1810 SEVILLA BLVD., CONDO 104
ATLANTIC BEACH FL 32223

Mailing Address

1810 SEVILLA BLVD., CONDO 104
ATLANTIC BEACH FL 32223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLBROOK, H. LEON
ONE INDEPENDENT DR., SUITE 2301
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name STEPHEN L. PHILLIPS

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

3560 SOUTH THIRDO ST

City JACKSONVILLE BL FL Zip Code 32250

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

STEPHEN L. PHILLIPS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/20/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS LECHNER, ROBERT C TRUSTEE
CITY-ST-ZIP 1810 SEVILLA BLVD., CONDO 104
ATLANTIC BEACH FL 32223

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
900003602409--0
-01/30/01--01113--0008
*****50.00 *****50.00

TITLE NAME MGR
STREET ADDRESS LECHNER, CARROLL J TRUSTEE
CITY-ST-ZIP 1810 SEVILLA BLVD., CONDO 104
ATLANTIC BEACH FL 32223

TITLE NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. 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 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:

Robert C Lechner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Jan, 14- 2001

Daytime Phone # 904-249-0300

FILED
01 JAN 24 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)