

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90074 026 \*\*\*\*\*50.00

**DOCUMENT # L00000005014**

1. Entity Name

**LAKE FANTASIA PROPERTIES, LLC**



Principal Place of Business

**6428 RENWICK CIRCLE  
TAMPA FL 33647**

Mailing Address

**6428 RENWICK CIRCLE  
TAMPA FL 33647**

2. Principal Place of Business

3. Mailing Address

**12401 N 22ND ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**APT H 304**

City & State

City & State  
**TAMPA, FL**

Zip

Country

Zip  
**33612-4630**

Country

4. FEI Number **59-3646595**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOEHRING, ROLAND A  
6428 RENWICK CIRCLE  
TAMPA FL 33647**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **GOEHRING, ROLAND A**  
STREET ADDRESS **6428 RENWICK CIRCLE**  
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **12401 B 22ND ST. APT<sup>H</sup> 304**  
CITY-ST-ZIP **TAMPA, FL 33612-4630**

TITLE **MGR** ☐ Delete  
NAME **GOEHRING, DAVID R**  
STREET ADDRESS **6428 RENWICK CIRCLE**  
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **3604 FLOYD ROAD**  
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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** *[Signature]* **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (10/02)

0035196