2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000008134

1. Entity Name

LENHARDT AND WICKHAM, LC



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90026 018 ****50.00

Suite, Apt. #, etc. Suite Apt. #, etc. Check Herite if Making Changes A. Fel Number 59-3666616 Applied For Not Applicable S. Certificate of Status Desired S. Control S. Certificate of Status Desired S. Certificate of Status Desired Apent MAGILL PATRICK M 2110 E ROBINSON ST ORLANDO Ft. 28203 City S. Certificate of Status Desired Apent Name	Principal Plac	ce of Business	Mailing Address								
Suite, Apt. #, etc. City & State											
Suite, Apt. #. etc. CHECK HERE IF MAKING CHANSES Country Zip			•								
City & State City & State City & State Country Country Country Country Country S. Cordificator of Statu Desired S. Conditions of Country S. Cordificator of Statu Desired S. Conditions of Country Several Address of New Registered Agent Name Several Ad	2. Principal Place of Business		3. Mailing Address								
Zip Country Zip Country 5. Conflicate of Status Desired \$5.00 Apdisonal Fee Plegured	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			. =	CHECK HERE IF MAKING CHANGES				
S. Certificate de Status Desired Fee Required S. Certificate de Status Desired Fee Required S. Certificate de Status Desired Fee Required S. Streat Address of New Registered Agent Name Name Name Name Name Name Name Name Streat Address of New Registered Agent Name Streat Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registrared agent. SIGNATURE Signara, speed or printer name of registered agent and the 7 agolosia. SIGNATURE Signara, speed or printer name of registered agent and the 7 agolosia. SIGNATURE Signara noness Signara nones	City & Stat	е.	City & State			4. FEI Num	nber 59-3666616				<u>,</u>
NAGIL, PATRICK M 2110 E ROBINSON ST ORLANDO FL 32803 Cay Cay FL Zip Code Street Address (R.O. Box Number is Not Acceptable) Cay FL Zip Code Street Address (R.O. Box Number is Not Acceptable) Cay FL Zip Code Street Address (R.O. Box Number is Not Acceptable) Cay FL Zip Code Street Address (R.O. Box Number is Not Acceptable) Cay FL Zip Code Street Address (R.O. Box Number is Not Acceptable) Cay FL Zip Code Street Address (R.O. Box Number is Not Acceptable) Cay FL Zip Code Street Address (R.O. Box Number is Not Acceptable) Cay FL Zip Code Street Address (R.O. Box Number is Not Acceptable) Cay FL Zip Code Street Address (R.O. Box Number is Not Acceptable) Cay FL Zip Code Street Address (R.O. Box Number is Not Acceptable) Cay FL Zip Code Street Address (R.O. Box Number is Not Acceptable) DME Street Address (R.O. Box Number is Not Acceptable) Cay FL Zip Code Street Address (R.O. Box Number is Not Acceptable) DME Street Address (R.O. Box Number is Not Acceptable) Cay FL Zip Code Street Address (R.O. Box Number is Not Acceptable) DME Street Address (R.O. Box Number is Not Acceptable) DME Street Address (R.O. Box Number is Not Acceptable) DME Street Address (R.O. Box Number is Not Acceptable) DME Street Address (R.O. Box Number is Not Acceptable) DME Street Address (R.O. Box Number is Not Acceptable) DME Street Address (R.O. Box Number is Not Acceptable) DME Street Address (R.O. Box Number is Not Acceptable) DME Street Address (R.O. Box Number is Not Acceptable) DME Street Address (R.O. Box Number is Not Acceptable) DME Street Address (R.O. Box Number is Not Acceptable) DME Street Address (R.O. Box Number is Not Acceptable) Street Address (R.O. Box Number is Not Acceptable) Street Address (R.O. Box Number is Not Acceptable) Cay Street Address (R.O. Box Number is Not Acceptable in Not Acceptable in Number is Not Acceptable in Not Acceptable in Number is Not	Zip	Country	Zip	Cour	ntry	5. Certifica	te of Status Desired				
MAGILL PATRICK M 2110 E ROBINSON ST ORILANDO FL 32803 City FL Zip Code 6. 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. Lam familiar with, and accept the obligations of registered agent and stat applicable. 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 SIRET ADDRESS 301 VALENCIA CT UNITY ST-2P MILE MGRM WORTH ORDER MARKE ADDRESS 301 VALENCIA CT UNITY ST-2P MILE MGRM WORTH ORDER MARKE ADDRESS UNITY-ST-2P DUBIN 14 IRELAND Deide ITTLE MAKE MAKE MILE MAKE MAKE MILE MAKE MILE MAKE MILE MAKE MILE MAKE MILE MAKE MILE MAKE MAKE MILE MILE MILE MILE MILE MILE MILE MIL		6. Name and Address of Current			7. Name a	nd Address of New Register	red Ag	ent]	
2110 E ROBINSON ST ORLANDO FL 32803 Streat Address (P.O. Box Number is Not Acceptable) CITY FL Zip Code City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of the obligation obligation of the obligation obligation of t	MACILL DATDICK M				Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Change	2110 E ROBINSON ST				Street Addre	ess (P.O. Box Num					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Comparison of the content of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Content of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the obligation of the State of Florida. I am familiar with, and accept the obligation of Florida Delete of Florid											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature registed when reinstating) DATE					City			FL	Zip Coo	le	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when retiristating) PILE 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 ITILE			or the purpose of changing it	s register	ed office or regi	istered agent, or b	ooth, in the State of Florida. I	am far	niliar with,	and accept	1
Signature, typed or printee name of registered apern and site if applicable. (NOTE: Registered Apern signature) required when reinstaking) File NOW!!! FEE IS \$50.00	the obligat	ions of registered agent.									}.
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS IDLE MARK MARK LENHARDT, JOYCE SIREET ADDRESS OITV-ST-2P ITILE MARK WICKHAM, DEREK 6 ARDILEA WOOD, CLONSBEAGH DUBIN 14 IRELAND ITILE MARK SIREET ADDRESS OITV-ST-2P ITILE M	SIGNATURE .	Signature tuned or printed name of registered agent	and title if applicable (NO	TE: Booistoro	d Agent signature rec	ruired when reinstating)		TE.			1
Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS MITTLE MARM LENHARDT, JOYCE 301 VALENCIA CT WINTER GARDEN FL 34787 MITTLE MARM WICKHAM, DEREK 6 ARDILEA WOOD, CLONSBEAGH DUBIN 14 IRELAND MITTLE MAME STREET ADDRESS DITY-ST-ZP MITTLE MAME STREET ADDRESS CITY-ST-ZP MAME STREET ADDRESS CITY-ST-ZP MAME STREET ADDRESS CITY-ST-ZP MAME STREET ADDRESS STR		Organizate, speed of printed harre of registered agent									┨
S. MANAGING MEMBERS / MANAGERS ITILE MANAE LENHARDT, JOYCE 301 VALENCIA CT WINTER GARDEN FL 34787 ITILE MILE WICKHAM, DEREK 6 ARDILEA WOOD, CLONSBEAGH DUBIN 14 IRELAND ITILE MAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST											
MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGRM			1			ment of State					1
MGRM LENHARDT, JOYCE STREET ADDRESS 301 VALENCIA CT WINTER GARDEN FL 34787 CITY-5T-ZIP WINTER GARDEN FL 34787 CITY-ST-ZIP DIDIN 14 IRELAND CITY-ST-ZIP DIDIN 14 IRELAND CITY-ST-ZIP CITY-S					ay 1, 2003						4
NAME STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL 34787 WINTER WINTER GARDEN FL 3			_··	_	1		ADDITIONS/CHAN		-		- ;
STREET ADDRESS DITY-ST-ZIP MITTE MGRM MICKHAM, DEREK 6 ARDILEA WOOD, CLONSBEAGH DUBIN 14 IRELAND TITLE MAME STREET ADDRESS DITY-ST-ZIP MAME STREET ADDRESS			Li Delete		· ·			L	Change	☐ Addition	
CITY-ST-ZIP WINTER GARDEN FL 34787 CITY-ST-ZIP MGRM											1
MGRM WICKHAM, DEREK 6 ARDILEA WOOD, CLONSBEAGH DUBIN 14 IRELAND ITTILE NAME STREET ADDRESS CITY-ST-ZIP ITTILE NAME STREET AD	CITY-ST-ZIP										
WICKHAM, DEREK 6 ARDILEA WOOD, CLONSBEAGH DUBIN 14 IRELAND TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRES	tın F		☐ Delete	TITLE	<u> </u>			Г	7 Change	☐ Addition	1
STREET ADDRESS CITY-ST-ZIP DUBIN 14 IRELAND TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME		Delete		i		,	_	Onlango		1
CITY-ST-ZIP DUBIN 14 IRELAND CITY-ST-ZIP TITLE NAME STREET ADDRESS	STREET ADDRESS		GH				•				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP			CITY	-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE " '-	سس بيد تعادد يه		<u></u> TITLE				. [Change	☐ Addition	7
CITY-ST-ZIP CHange Addition Addition AMME STREET ADDRESS STREET ADDRESS	NAME			NAM	E	_			~ ~-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	STREET ADDRESS										ļ
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				-	···						4
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE		☐ Delete	1				L	Change		
CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	3				4						
TITLE TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TO Change Addition Addition NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS											
NAME STREET ADDRESS CITY-ST-ZIP CITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	-		□ Delete					Г	T Change	□ Addition	1
STREET ADDRESS CITY-ST-ZIP CITYE Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS			⊢3 Delete					_	Change		
TITLE TITLE Change Addition . NAME STREET ADDRESS STREET ADDRESS	STREET ADDRESS									-	
TITLE TITLE TOTATION OF Addition AMME STREET ADDRESS TITLE TITLE TITLE TOTATION OF Addition AMME STREET ADDRESS	CITY-ST-ZIP										
NAME STREET ADDRESS STREET ADDRESS	TITLE		☐ Delete	TITLE				Γ	Change	Addition	1.
	NAME							_	•		1
CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS			STRE	ET ADDRESS						
	CITY-ST-ZIP			· 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.