

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 26, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000009577**1. Entity Name
LBK MANAGEMENT, L.L.C.

Principal Place of Business 2998 S.E. ORCHID STREET STUART 34997	FL	Mailing Address 2998 S.E. ORCHID STREET STUART 34997	FL
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number 65-1039990	Applied For ☐
	Not Applicable ☒

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required**6. Name and Address of Current Registered Agent**

BROWN LEE
2998 S.E. ORCHID STREET

STUART FL
34997 US**7. Name and Address of New Registered Agent**

Name
BROWN LEE MGR
Street Address (P.O. Box Number is Not Acceptable)
2998 S.E. ORCHID STREET

City STUART FL Zip Code 34997

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 **LEE BROWN**

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

(NOTE: Registered Agent signature required when reinstating)

01/26/2001

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**9. MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN LEE MGR 2998 SE ORCHID STREET STUART FL 34997	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Lee Brown

MGR

01/26/2001

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

Date

Daytime Phone #

CR2E083 (11/00)