

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 10 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015495

1. Entity Name

LAKE VIEW, LLC

Principal Place of Business

Mailing Address

140 ROYAL PALM WAY # 102
PALM BEACH, FL 33480

140 ROYAL PALM WAY # 102
PALM BEACH, FL 33480

2. Principal Place of Business
140 ROYAL PALM WAY

3. Mailing Address
140 ROYAL PALM WAY

Suite, Apt. #, etc.
102

Suite, Apt. #, etc.
102

DO NOT WRITE IN THIS SPACE

City & State
PALM BEACH, FL

City & State
PALM BEACH, FL

4. FEI Number
65-1079240

Applied For
Not Applicable

Zip Country
33480 USA

Zip Country
33480 USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEAL W. KNIGHT, JR.
ALLEY, MAASS, ROGERS & LINDSAY
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480

Name
HAROLD GRAY

Street Address (P.O. Box Number is Not Acceptable)
140 ROYAL PALM WAY # 102

City FL Zip Code
PALM BEACH 33480

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME MAY WILLIS H. DU PONT
STREET ADDRESS 140 ROYAL PALM WAY # 102
CITY-ST-ZIP PALM BEACH, FL 33480

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

TITLE ☐ Delete
NAME MAY MIREN DU PONT SANCHEZ
STREET ADDRESS 140 ROYAL PALM WAY # 102
CITY-ST-ZIP PALM BEACH, FL 33480

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

MIREN DU PONT SANCHEZ

4-4-01

561-655-1052

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

Date

Daytime Phone #

CR2E083 (11/00)