

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90025 049 ****50.00

DOCUMENT # L01000001178



1. Entity Name

LAKE DAVENPORT PROPERTY, LLC

Principal Place of Business

**C/O DAVID G. CHARSLEY
7210 BRANCHTREE DRIVE
ORLANDO FL 32835**

Mailing Address

**C/O DAVID G. CHARSLEY
7210 BRANCHTREE DRIVE
ORLANDO FL 32835**

2. Principal Place of Business

**109 Lake Davenport Blvd.
Suite, Apt. #, etc.
Hwy. 27**

3. Mailing Address

**109 Lake Davenport Blvd.
Suite, Apt. #, etc.
Hwy. 27**

City & State

Davenport, FL

City & State

Davenport, FL

Zip

33897

Country

USA

Zip

33897

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FE# Number

59-3741164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HADLEY III, RALPH V
1031 W. MORSE BLVD., STE 160
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

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

TITLE **MGR** ☐ Delete
NAME **CHARSLEY, DAVID**
STREET ADDRESS **7210 BRANCHTREE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

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

2/3/03

Date

(863) 424-7566

Daytime Phone #

CR2E083 (10/02)