

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90257 025 ****50.00

DOCUMENT # L01000003548

1. Entity Name

LAKE MARY DEVELOPMENT PARTNERS, LC

Principal Place of Business

**1399 WEST STATE ROAD 434
 LONGWOOD FL 32750**

Mailing Address

**1399 WEST STATE ROAD 434
 LONGWOOD FL 32750**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59 3707892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WALKER, BERRY J JR.
 235 MAITLAND AVENUE SOUTH, STE 216
 WALKER AND ASSOCIATES, P.A.
 MAITLAND FL 32751**

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.

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** ☒ Delete
 NAME **MORGINSTIN, ELI**
 STREET ADDRESS **88 SUNNYSIDE BLVD., SUITE 207**
 CITY-ST-ZIP **PLAINVIEW NY 11803**

☐ Change ☐ Addition

TITLE **MGR** ☒ Delete
 NAME **SCHAFER, MARTIN**
 STREET ADDRESS **13 MARLWOOD LANE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 32750**

☐ Change ☐ Addition

TITLE **MGR** ☐ Delete
 NAME **MURRAY, MICHAEL E**
 STREET ADDRESS **1399 WEST STATE ROAD 434**
 CITY-ST-ZIP **LONGWOOD FL 32750**

☐ Change ☐ Addition

TITLE **MGR** ☐ Delete
 NAME **MURRAY, M. SHANE**
 STREET ADDRESS **1399 WEST STATE ROAD 434**
 CITY-ST-ZIP **LONGWOOD FL 32750**

☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
 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: *Michael E Murray*

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

4/29/2002

Date

Daytime Phone #

CR2E083 (9/01)