

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

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90135 025 \*\*\*\*50.00

**DOCUMENT #** L01000004875

**1. Entity Name**

LAKE PORT PROPERTIES, LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

800 LAKE PORT BLVD.

Suite, Apt. #, etc.

**3. Mailing Address**

18167 U.S. HIGHWAY 19 N.

Suite, Apt. #, etc.  
SUITE 660

**City & State**

LEESBURG, FL

**City & State**

CLEARWATER, FL

**Zip**

34748

**Country**

LAKE

**Zip**

33764

**Country**

PINELLAS

**4. FEI Number**

59-2883512

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** JOHNSON EZELL CORPORATION

**Street Address (P.O. Box Number is Not Acceptable)**

18167 U.S. HIGHWAY 19 N., SUITE 660

**City**

CLEARWATER

**FL**

**Zip Code**  
33674

**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.

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MGR  
**NAME** JOHNSON EZELL CORPORATION  
**STREET ADDRESS** 18167 U.S. HWY 19 N. SUITE 660  
**CITY-ST-ZIP** CLEARWATER, FL 33674

**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**

**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**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Neil Ezell*

NEIL EZELL

4/22/02

(727)530-5522

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

Date

Daytime Phone #

CR2E083B (12/01)