

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90096 014 \*\*\*\*50.00

**DOCUMENT # L01000007230**  
 1. Entity Name  
**ASTEC PROPERTY MANAGEMENT SERVICE LLC**

Principal Place of Business <b>4504 ALAQUA TRAIL KISSIMMEE FL 34746</b>	Mailing Address <b>4504 ALAQUA TRAIL KISSIMMEE FL 34746</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number <b>59-3737143</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**  
**LACEY-FREEMAN, DEAN**  
**4504 ALAQUA TRAIL**  
**KISSIMMEE FL 34746**

**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	
TITLE NAME <b>MMR DEAN LACEY-FREEMAN</b> <input type="checkbox"/> Delete	STREET ADDRESS <b>4504 ALAQUA TRAIL</b> CITY-ST-ZIP <b>KISSIMMEE FL 34746</b>
TITLE NAME <b>MMR CAROLINE LACEY-FREEMAN</b> <input type="checkbox"/> Delete	STREET ADDRESS <b>4504 ALAQUA TRAIL</b> CITY-ST-ZIP <b>KISSIMMEE FL 34746</b>
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS

10. ADDITIONS/CHANGES	
TITLE NAME <b>PRESIDENT DEAN LACEY-FREEMAN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <b>4504 ALAQUA TRAIL</b> CITY-ST-ZIP <b>KISSIMMEE FL 34746</b>
TITLE NAME <b>MEMBER CAROLINE LACEY-FREEMAN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <b>4504 ALAQUA TRAIL</b> CITY-ST-ZIP <b>KISSIMMEE FL 34746</b>
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS

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: *Dean Freeman* **REQUIRED** **DEAN LACEY-FREEMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **MMR MEMBER 2.1.02** **407 390 7340**  
Date Daytime Phone #

CR2E083 (9/01)