2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

3/1

DOCUMENT # L01000011155

1. Entity Name

LAKE WILSON PRESERVE, LC

55051410

Principal Place of Business	Mailing Address
2479 ALOMA AVE WINTER PARK FL 32792	2479 ALOMA AVE WINTER PARK FL 32792

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

☐ CHECK HERE IF MAKING CHANGES

Zip	Country	Zip	Country

4. FEI Number ~~APPLIED FOR~~ 04-3766282 | Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERT M. GARDNER, PA
2699 LEE ROAD
SUITE 320
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 _Robert W Gardner_   3-10-03

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		10. ADDITIONS/CHANGES		
TITLE	P R	TITLE	☐ Change	☐ Addition
NAME	GARDNER, ROBERT N	NAME		
STREET ADDRESS	P O BOX 1748	STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32790	CITY-ST-ZIP		
	☐ Delete			
TITLE		TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP		
TITLE		TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP		
TITLE		TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP		
TITLE		TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP		
TITLE		TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP		

CR2E083 (10/02)

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 Required_   3-10-03   4076791742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #