

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90272 034 \*\*\*\*55.00

0049788

**DOCUMENT # L01000011842**

1. Entity Name

**SOUTHWELL PROPERTIES, LLC**



Principal Place of Business

6901 N.W. 193RD ST.  
ORANGE LAKE FL 32681

Mailing Address

P.O. BOX 999  
FAIRFIELD FL 32634

2. Principal Place of Business

6534 Woodland Dr

Suite, Apt. #, etc.

3. Mailing Address

6534 Woodland Drive

Suite, Apt. #, etc.

City & State

KEYSTONE Heights

City & State

KEYSTONE Heights

Zip

32656

Country

clay

Zip

32656

Country

clay



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3731693

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, LONNIE K III  
6901 N.W. 193RD ST.  
ORANGE LAKE FL 32681

7. Name and Address of New Registered Agent

Name: ELIZABETH KAY BLACK  
Street Address (P.O. Box Number is Not Acceptable): 6534 Woodland Drive

City: KEYSTONE Heights FL Zip Code: 32656

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 then if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-03

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**\$55.00**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR  
NAME: EDWARDS, LONNIE K III  
STREET ADDRESS: 6901 N.W. 193RD ST.  
CITY-ST-ZIP: ORANGE LAKE FL 32681

☒ Delete

TITLE: MGR  
NAME: ELIZABETH KAY BLACK  
STREET ADDRESS: 6534 Woodland Drive  
CITY-ST-ZIP: KEYSTONE Heights, FL 32656

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10. ADDITIONS/CHANGES

TITLE:   
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☐ Change ☐ Addition

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☐ 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:

SIGNATURE

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

Date

Daytime Phone #

4-15-03

352  
473-4626

CR2E083 (10/02)