

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90152 036 ****50.00

DOCUMENT # L01000015051

1. Entity Name

LAKE UNDERHILL PROFESSIONAL BUILDING, L.L.C.



Principal Place of Business

**7824 LAKE UNDERHILL ROAD, SUITES D & E
ORLANDO FL 32822**

Mailing Address

**7824 LAKE UNDERHILL ROAD, SUITES D & E
ORLANDO FL 32822**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3744319**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALPEROVICH, ALEXANDER
7824 LAKE UNDERHILL ROAD, SUITES D & E
ORLANDO FL 32822**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM ALPEROVICH, ALEXANDER MD 7824 LAKE UNDERHILL RD STE D&E ORLANDO FL 32822	<input type="checkbox"/>		<input type="checkbox"/>
MGRM KELLY, BRAIN D DO 7824 LAKE UNDERHILL RD STE D&E ORLANDO FL 32822	<input type="checkbox"/>		<input type="checkbox"/>
MGRM HARRIS, GLENN K MD 7824 LAKE UNDERHILL RD STE D&E ORLANDO FL 32822	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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:

ALEXANDER ALPEROVICH 3-13-03 407-273-2379

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

Date

Daytime Phone #

CR2E083 (10/02)