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

DOCUMENT # LO200000478  1. Entity Name  LAKE JOVITA PROPERTY MANAGEMENT, LLC					<u>)</u>			773			
						03 S	EP-8	AM II:	02		
Principal Place of Business		Mailing Address	Mailing Address			_SEC <sub>F</sub>	EVARY	ĜF G	he.		
12900 LAKE.	JOVITA BLVD. L 33525	12900 LAKE JOVITA BLVD DADE CITY FL 33525	).			IALLEA	HASSE	E, FĽ( 	RIGA		
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2. Principa	Place of Business	3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State	City & State						oplied For at Applicable		
Zip	Country	Zip	Countr	ry		te of Status Desired		5.00 Add	litional		
	6. Name and Address of Curr	ent Registered Agent	- izi	Name	7.7 Name at	d Address of New Ro	gistered Ag	ent			
BROCK, P. HUTCHISON II				Street Address (P.O. Box Number is Not Acceptable)							
	837, MERIDIAN, AVE., SUITE, 314_	<del></del>	Street Addres		s (P.O. Box Num	ber is Not Acceptable					
DADE CITY FL 33525					i j						
				City			FL	Zip Code	<del>)</del>		
	ve named entity submits this statemen gations of registered agent.	t for the purpose of changing it	ts registered	d office or regist	ered agent, or b	oth, in the State of Flor	lda. I am fan	illar with,	and accept		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered	Agent signature requi	red when reinstating)	<del></del>	DATE				
÷	,	Make Check Payat	ble to Flor	EE IS \$50.00 rida Departm iber 24, 2003	1			<del>,</del>			
9.	MANAGING MEM	IBERS/MANAGERS	10.			ADDITIONS/	CHANGES				
TITLE :	mealm	☐ Deleta	TITLE					) Change	Addition		
NAME STREET ADDRESS	Ronnie Derse	ta Blud	NAME STREET	T ADDRESS	,						
CITY-ST-ZIP	Dade City Fl	33525	CITY-S		, 1						
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STREET ADDRESS	s			ADORESS	ı						
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NAME		- Deire	NAME	]	<u>. 9g</u>	/03010081 /03010081					
STREET ADORESS CITY-ST-ZIP	5		STREET City-s	ADDRESS ST-7/P	08/07	\n3010084	301 **6	550,00	1		
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NAME STREET ADDRESS			NAME	ADDRESS		•					
CITY-ST-ZIP	1		CITY-S			•					
TITLE		☐ Delete	ΠTLE					] Change	Addition		
NAME STREET ADDRESS	s		NAME STREET	ADDRESS							
CITY-ST-ZIP	<u> </u>		CITY-S			·					
indicate	y certify that the information supplied ward on this report is true and accurate a liability company or the <b>recei</b> ver or true	nd that my signature shall have	the same li	legal effect as if	made under oat	h; that I am a managii	urther certify ng member o	that the in r manager	formation of the		
	Col		·								
SIGNA	TURE: SCENI	THE REQU						<del></del>	· 		
	SIGNATURE AND TYPED OR PRINTED HAM	e of Signing Managing Memper, Ma	NAGER, OR AL	UTHORIZED REPRES	ENTATIVE	Date	Caytin	e Phone #			