

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90187 015 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L02000000805			
1. Entity Name LONESOME PALM PRESERVE, LLC			
Principal Place of Business 4055 SHORE LANE BOCA GRANDE, FL 33921		Mailing Address P.O. BOX 1930 BOCA GRANDE, FL 33921	
2. Principal Place of Business 1635 Robinhood Lane Suite, Apt. #, etc.		3. Mailing Address 1635 Robinhood Lane Suite, Apt. #, etc.	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33764		Zip 33764	
Country USA		Country USA	
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired		☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MASON, JANICE A 4055 SHORE LANE BOCA GRANDE, FL 33921		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) 1635 Robinhood Lane City Clearwater FL Zip Code 33764	
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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when submitting)			
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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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)(b), 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 606, Florida Statutes.			
SIGNATURE <i>Janice Mason</i>		4/25/03X(727)530-1116	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

CH2E03 (10/02)