


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000000966 1. Entity Name LOCKS ROAD DEVELOPERS, L.L.C.	
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Principal Place of Business 100 SW ALBANY AVE SUITE 300 STUART, FL 34994	Mailing Address 100 SW ALBANY AVE SUITE 300 STUART, FL 34994
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DO NOT WRITE IN THIS SPACE



04102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0567350	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PASQUALE ZARRO 100 SW ALBANY AVE. SUITE 300 STUART, FL 34994
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$50.00 Due by May 1, 2007	000000709120 04/24/07-20142-008 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LRS, UD #11 100 SW ALBANY AVE STE 110 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERTHAUMR, ROBERT JR 100 SW ALBANY AVE. STE 300 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZARRO, PASQUAL 100 SW ALBANY AVE. STE 300 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.
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SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	4-16-07 (772) 288-5251 <small>Date Daytime Phone #</small>
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