

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91001 050 ****50.00

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

DOCUMENT # L02000000966

1. Entity Name **LOCKS ROAD Developers, LLC**
729 S. Federal Hwy
Suite 200
STUART FL 34994



DO NOT WRITE IN THIS SPACE

30062851

2. Principal Place of Business

729 S. Federal Hwy
Suite, Apt. #, etc.
Suite 200

City & State

STUART FL

Zip

34994

Country

MARTIN

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

STUART FL

Zip

Country

4. FEI Number

02-0567350

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Pasquale ZARRO

Street Address (P.O. Box Number is Not Acceptable)

729 S. FEDERAL Hwy

Suite 200

City

STUART

FL

Zip Code
34994

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

[Handwritten Signature]
Signature, typed or printed name of registered agent and title if applicable.

Pasquale ZARRO TREASURER 4-22-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE **President**
NAME **MARTIN SCHAFER**
STREET ADDRESS **1597 S. Port St. Lucie Blvd**
CITY-ST-ZIP **Port St. Lucie FL 34952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice-President**
NAME **Robert Berthiaume JR.**
STREET ADDRESS **729 S. Federal Hwy Suite 200**
CITY-ST-ZIP **STUART FL 34994**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer**
NAME **PASQUALE ZARRO**
STREET ADDRESS **729 S. Federal Hwy Suite 200**
CITY-ST-ZIP **STUART FL 34994**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary**
NAME **ELI MARGINSTEIN**
STREET ADDRESS **1597 S. Port St. Lucie Blvd**
CITY-ST-ZIP **Port St. Lucie FL 34952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Treasurer 4-22-03 288-5251

Date

Daytime Phone #

CR2E038B (12/02)