

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 # LO2000000966

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**

3. Mailing Address

**Same**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**STUART FL**

City & State

4. FEI Number

**02-0567350**

Applied For

Not Applicable

Zip

**34994**

Country

**MARTIN**

Zip

Country

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**

**DO NOT WRITE  
IN THIS SPACE**

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.

**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 Schaffer**  
STREET ADDRESS **1597 S. Port St. Lucie Blvd**  
CITY - ST - ZIP **Port St. Lucie FL 34952**

TITLE **VICE-PRESIDENT**  
NAME **Robert Bartholme JR.**  
STREET ADDRESS **729 S. Federal Hwy Suite 200**  
CITY - ST - ZIP **STUART FL 34994**

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

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

TITLE  
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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:

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

**Treasurer**

**4-22-03 288-5251**

Date

Daytime Phone #

CR2E03B (12/02)