2004 LIMITED LIÄBILITY COMPANY ANNUAL REPORT (AR)

## Jan 28, 2004 08:00 AM DOCUMENT # L02000005886 **Secretary of State** 1. Entity Name LOCHMERE LAND COMPANY, LLC Mailing Address Principal Place of Business 920 HARBOUR BAY DR. 920 HARBOUR BAY DR. **TAMPA FL 33602** TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apr. # etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) Applied For City & State 4. FEI Number City & State 01-0634315 Not Applicable \$5.00 Additional Zφ Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EVANS, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 920 HARBOUR BAY DR. **TAMPA FL 33602** Zip Code City 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, typod or printed name of registered agent and title if apphicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9, TITLE ☐ Change Addition MGRM TITLE ☐ Delete U00000016251 NAME EVANS, ROBERT D MAME STREET ADDRESS STREET ADDRESS 920 HARBOUR BAY DR 01/28/04-80048-005 50.00 **TAMPA FL 33602** CITY+ST-ZIP CITY - ST- 719 ☐ Change Addition TITLE ☐ Delete TIRE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change : Addition TITLE Delete SITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C87Y - ST - 23P ☐ Addition Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-782 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

**FILED** 

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 path; 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: NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Gase Dayling Proper