

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

03-28-2003 90004 024 ****50.00

DOCUMENT # L02000008578

1. Entity Name

LAKE EQUITY PARTNERS, LLC



Principal Place of Business

**3940 NW 16TH BLVD., BLDG B
GAINESVILLE FL 32605**

Mailing Address

**3940 NW 16TH BLVD., BLDG B
GAINESVILLE FL 32605**

2. Principal Place of Business

SWEETWATER RIDGE

3. Mailing Address

V. MICHAEL ROSSETTI

Suite, Apt. #, etc.

17400 FOUNTAINBLEAU DR.

Suite, Apt. #, etc.

135 GOVERNORS SQUARE

City & State

CLERMONT FL

City & State

PAYETTEVILLE GA

Zip

34711

Country

USA

Zip

30215

Country

USA

4. FEI Number

04 363 9969

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SALTER, JAMES D
3940 NW 16TH BLVD., BLDG B
GAINESVILLE FL 32605**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING MEMBER** ☐ Delete
NAME **JOHN PETTIT**
STREET ADDRESS **805 SW SALERNO ROAD**
CITY-ST-ZIP **STUART FL 34997**

TITLE **MANAGING MEMBER** ☐ Delete
NAME **V. MICHAEL ROSSETTI**
STREET ADDRESS **135 GOVERNORS SQUARE**
CITY-ST-ZIP **SUITE B PAYETTEVILLE GA 30215**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

JOHN S. PETTIT

3-6-03

678 662 5883

CR2E083 (10/02)