2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000013699

1. Entity Name
LAKE OKEECHOBEE REDEVELOPMENT, LLC

APPROVED AND FILED
03 OCT 17 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
155 E. MAIN STREET PAHOKEE, FL 33476	155 E. MAIN STREET PAHOKEE, FL 33476

9/30 ☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 155 E. Main Street	3. Mailing Address: 190 N. Lake Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pahokee, Fl	City & State: Pahokee, Fl
Zip: 33476 Country: US	Zip: 33476 Country: US

4. FEI Number: 41-2046919 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEEHAN, JAMES M
155 E. MAIN STREET
PAHOKEE, FL 33476

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 James M Sheehan JAMES M. Sheehan 9/25/03
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			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPRAGUE, JOHN H 155 E. MAIN STREET PAHOKEE, FL 33476	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEEHAN, JAMES M 155 E. MAIN STREET PAHOKEE, FL 33476	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300023445933 09/30/03--01054--030 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: James M Sheehan, James M Sheehan 9/25/03 561-924-7832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #