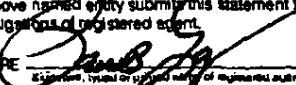
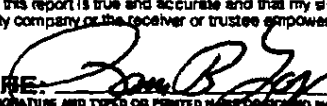


FILED
Jun 13, 2003 8:00 am
Secretary of State

4/7/20
5/21/2

05-21-2003 90019 048 *****5.00
04-07-2003 90004 044 *****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000023043					
1. Entity Name LOKEY ASSOCIATES, LLC					
Principal Place of Business 27758 U.S. HWY. 19 N. CLEARWATER, FL 33761			Mailing Address 27758 U.S. HWY. 19 N. CLEARWATER, FL 33761		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 68-0524773				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOKEY, PAUL B 27758 U.S. HWY. 19 N. CLEARWATER, FL 33761			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 			DATE 5/1/03		
NOTE: Registered Agent's signature required when submitting.					
FILE NOW WITH FEE \$150.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition		
NAME		NAME	Manager/Member		
STREET ADDRESS		STREET ADDRESS	Lokey, Paul B.		
CITY-ST-ZIP		CITY-ST-ZIP	839 Bay Esplanade		
			Clearwater, Florida 33767		
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition		
NAME		NAME	Paul B. Lokey		
STREET ADDRESS		STREET ADDRESS	27758 U.S. Highway 19 N.		
CITY-ST-ZIP		CITY-ST-ZIP	Clearwater, FL 33761		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 806, Florida Statutes.					
SIGNATURE 			DATE 5/1/03		
Paul B. Lokey, Manager			727-460-2996		
SIGNATURE AND TITLE OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

44004412

☒ CHECK HERE IF MAKING CHANGES

CR2003 (10/02)