2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000025823

1. Entity Name

LOCKHART INVESTMENTS LLC



FILED
Mar 28, 2007 08:00 AF
Secretary of State

Principal Place of Business

2549 BAY POINTE DRIVE WESTON, FL 33327 Mailing Address

2549 BAY POINTE DRIVE WESTON, FL 33327



03122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 51-0429145

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHERLOCK, KARLENE 2549 BAY POINTE DRIVE WESTON, FL 33327

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		W-100-00-00-00-00-00-00-00-00-00-00-00-00	y	
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 registared agent and tifle if applicable	(NOTE: Registered Agent signature required when refrestating)	DATE	
Fi	iling Fee is \$50.00 ue by May 1, 2007	en e	U00000681437 04/04/07-80044-003 50.00	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS V SHERLOCK, KARLENE A 2549 BAY POINTE DR. WESTON, FL 33327			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				

11. I nereby certify that the information supplied with this filing does not qualify for the exemptions confained in Chapter 119, Floridá 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 ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X

NAME
STREET ADDRESS
CITY-ST-719

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

x 3/26/07

954-534-3135

Daylime Phone #