2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000025823

1. Entity Name
LOCKHART INVESTMENTS LLC

Principal Place of Business	Mailing Address
2549 BAY POINTE DRIVE WESTON, FL 33327	2549 BAY POINTE DRIVE WESTON, FL 33327

DO NOT WRITE IN THIS SPACE

03252008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
51-0429145	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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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 $138.75
After May 1, 2008 Fee will be $538.75

U00000883819
04/17/08-80019-004 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	V
NAME	SHERLOCK, KARLENE A
STREET ADDRESS	2549 BAY POINTE DR.
CITY-ST-ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X _____   X 4/17/08   954-534-3555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #