

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

DOCUMENT # L02000031592

1. Entity Name

LOUGHMAN RIDGE, LLC



FILED

03 MAY 12 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

28 W. CENTRAL BLVD

Suite, Apt. #, etc.

SUITE 407

City & State

ORLANDO FL

Zip

32801

Country

USA

3. Mailing Address

312 WING LANE

Suite, Apt. #, etc.

City & State

WINTER PARK FL

Zip

32789

Country

USA

4. FEI Number

94-05-0543618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WARREN E. WILLIAMS

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

28 W. CENTRAL BLVD, Suite 401

City

ORLANDO

FL

Zip Code

32801

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

DATE

4-29-03

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
WARREN E. WILLIAMS
28 W. CENTRAL BLVD, Suite 401
ORLANDO FL. 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
RONALD A. SCHWARTZ
3348 EDgewater DRIVE
ORLANDO, FL. 32804

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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05/12/03--01033--005 **400.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4-29-03 407-425-1985

CR2E083B (12/02)