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

## FILED Jul 31, 2003 8:00 am Secretary of State 07-10-2003 90052 033 \*\*\*\*50.00

1. Entity Nan	IMENT # LOZOOOL  THE PROPERTY MANAGEMENT MANAGEMENT	. /								
Principal Place of Business 2306 NEBRASKA AVE. FT. PIERCE FL 34950		Mailing Address 2306 NEBRASKA AVE. FT. PIERCE FL 34960	2306 NEBRASKA AVE.		55052949					
2. Principal f	Place of Business	3. Mailing Address	<del></del>			N <b>111 A (111) 11</b> 11 1 <b>1</b> N <b>111 A</b> (1 <b>11) 11</b> 11 11 <b>11</b>				
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		<u> </u>			Applied For Not Applicable		
Zip	. Country	Zip	Country			of Status Desired		\$5.00 Ac	ditional	
	6. Name and Address of Curren	t Registered Agent			. Name and	Address of New	Registered /	gent		
· · · · · · CON	NOLLY, ROBIN James	المستنبسات والداشين وإفاعات	Name	والمراجعة والمستوان	. ــــــــــــــــــــــــــــــــــــ			۔ بدعد ہے جو پہرے		
2306	NEBRASKA AVE. PIERCE FL 34950		Street Address			P.O. Box Number is Not Acceptable)				
			- City					T 25- Co.		
8. The above	named entity submits this statement for	or the ourpose of changing its	City	or registered	agent, or both	in the State of F	FL Torida 1 am f	Zip Cor		
the obliga	tions of registered agent.								. d	
SIGNATURE	Signature, typed or printed name of registered agent	I and title if applicable. (NOT	E: Registered Agent algor	eture required whe	n reinstating)		DATE			
ed regarding	ekt :	Maké Check Payabi	OW!!! FEE IS ! le to Florida De September 24	epartment o	of State					
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITION	S/CHANGES			
TITLE NAME	MGR CONNOLLY, ROBIN J	☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS	2306 NEBRASKA AVE. FT. PIERCE FL 34950		STREET ADORESS CITY-ST-ZIP							
TITLE NAME	·	☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME			<del></del>		☐ Change	Addition	
STREET ADDRESS*		9.5	STREET ADDRESS			وماستان وماست		<del></del> .	<del></del>	
TITLE NAME		☐ Delete	TITLE			<del></del>		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE	<del> </del>	<del></del>			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS				•			
TITLE " " NAME STREET ADDRESS		☐ Delete	TITLE				• • • • • • • • • • • • • • • • • • • •	Change	Addition	
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS I CITY-ST-ZIP					· 		
indicated	certify that the information supplied with on this report is true and accurate and billity company or the receiver or trusted	i that my signature shall have t	he same legal effe	ect as it made	i under oath: t	hatiam a mana	t further certification to the certification of the	ly that the in or manage	nformation or of the	
SIGNAT	URE: SHATURE AND TYPED OR PRINTED NAME OF	UFCORDE	AGER ON AUTHORIZE	O REPRESENTATI	- 7/	7/03	772-2	283-9	981	