

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

05-20-2004 90282 005 \*\*\*\*50.00

**DOCUMENT # L03000040108**

1. Entity Name  
**LOKEY PROPERTIES, LLC**



Principal Place of Business  
**101 E. KENNEDY BLVD., SUITE 2800  
TAMPA, FL 33602**

Mailing Address  
**101 E. KENNEDY BLVD., SUITE 2800  
TAMPA, FL 33602**

**24076726**



2. Principal Place of Business  
**1406 N. Dale Mabry Highway**

3. Mailing Address  
**1406 N. Dale Mabry Highway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052003 Chg-LLC CR2E083 (10/03)

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

4. FEI Number  
**86-1090225**

Applied For  
☐ Not Applicable

Zip  
**33607**

Country  
**USA**

Zip  
**33607**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**THORN, W. THOMPSON III, ESQ  
C/O SHUMAKER, LOOP & KENDRICK, LLP  
101 E. KENNEDY BLVD., SUITE 2800  
TAMPA, FL 33602**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
LOKEY, THOMAS C  
101 E. KENNEDY BLVD., SUITE 2800  
TAMPA, FL 33602** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MgrM  
Lokey, Thomas C.  
1406 N. Dale Mabry Highway  
Tampa, FL 33607** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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 #

*[Signature]*

**5/12/04 813-879-5637**