


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000018162</b> 1. Entity Name LOCKWOOD LANE ACQUISITION GROUP, LLC	
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Principal Place of Business 3885 20TH STREET STE 201 VERO BEACH, FL 32960	Mailing Address PO BOX 1328 VERO BEACH, FL 32961 US
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**DO NOT WRITE IN THIS SPACE**

04162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0835611	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, CHAD  
750 LAKE DRIVE  
VERO BEACH, FL 32963

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2007**

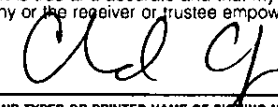
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLY, CHAD PO BOX 5200 VERO BEACH, FL 32961
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BYNUM, J. KEVIN 1970 122ND AVENUE VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/24/07-80061-001 50.00

**DO NOT WRITE  
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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:**  **5-1-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #