

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90002 018 ****50.00

DOCUMENT # L04000060878

1. Entity Name
MITLIN LOCKHART REAL ESTATE, LLC



60001100

Principal Place of Business
1135 PASADENA AVENUE, SUITE 145
ST. PETERSBURG, FL 33707 US

Mailing Address
1135 PASADENA AVENUE, SUITE 145
ST. PETERSBURG, FL 33707 US



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06282005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

27-0100580

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOCKHART, ROBERT W
1135 PASADENA AVENUE, SUITE 145
ST. PETERSBURG, FL 33707

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 7, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME LOCKHART, ROBERT W
STREET ADDRESS 1135 PASADENA AVENUE, SUITE 145
CITY-ST-ZIP ST. PETERSBURG, FL 33707

TITLE MGR ☐ Change ☒ Addition
NAME MITLIN, IRA
STREET ADDRESS 1135 PASADENA AVENUE, SUITE 145
CITY-ST-ZIP ST. PETERSBURG, FL 33707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

ROBERT W. LOCKHART

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

07/29/05 (727) 341-1933

Date

Daytime Phone #