2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 20, 2007 8:00 am
Secretary of State
07-24-2007 90012 006 ****50.00

DOCUMENT # L06000029349

1. Entity Name
LAKEWOOD INVESTMENT PARTNERS, LLC

Principal Place of Business	Mailing Address
220 S. PALAFOX STREET PENSACOLA FL 32502	24 W. CHASE STREET PENSACOLA FL 32502

2nd MOORE CR2E083 (4/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 20-4526899 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOZIER, DANIEL R
24 W. CHASE STREET
PENSACOLA FL 32502

7. Name and Address of New Registered Agent

Name: HALFORD, DOUGLAS C.
Street Address (P O Box Number is Not Acceptable): 24 N. TARRAGONA ST.
City: PENSACOLA **FL** Zip Code: 32502

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: Douglas C Halford   7/19/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	HALFORD, DOUGLAS C	
STREET ADDRESS	24 WEST CHASE STREET	
CITY-ST-ZIP	PENSACOLA FL 32502	
TITLE	MGRM	☐ Delete
NAME	RUSSENBERGER, RAY D	
STREET ADDRESS	24 WEST CHASE STREET	
CITY-ST-ZIP	PENSACOLA FL 32502	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	24 N. TARRAGONA ST.	
CITY-ST-ZIP	PENSACOLA, FL 32502	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	24 N. TARRAGONA ST.	
CITY-ST-ZIP	PENSACOLA, FL 32502	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
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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 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: Douglas C Halford   7/19/07   850-433-0577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #