# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 11, 2008 8:00 am**
**Secretary of State**
03-19-2008 90145 028 ***138.75

DOCUMENT # L07000065189

1. Entity Name
LOCKLANDO ACQUISITION GROUP, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 101 E. KENNEDY BLVD., SUITE 3300<br>TAMPA, FL 33602 | 101 E. KENNEDY BLVD., SUITE 3300<br>TAMPA, FL 33602 |

03212008 Chg-LLC CR2E083 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 271 Southridge Industrial Drive | 271 Southridge Industrial Drive |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Tavares, FL | City & State: Tavares, FL |
| Zip: 32778 Country: USA | Zip: 32778 Country: USA |

4. FEI Number: 74-3219782 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| ESQUIVEL, JULIO C ESQ<br>SHUMAKER, LOOP & KENDRICK, LLP<br>101 EAST KENNEDY BLVD., SUITE 2800<br>TAMPA, FL 33602 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

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

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President□<br>David Hurless□<br>271 Southridge Industrial Drive□<br>Tavares, FL 32778 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer and Secretary□<br>Gar Lippincott□<br>101 E. Kennedy Blvd., Suite 3300□<br>Tampa, FL 33602 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Manager□<br>Robert Moreyra□<br>101 E. Kennedy Blvd., Suite 3300□<br>Tampa, FL 33602 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Manager□<br>Hans Christian Beyer□<br>201 E. Kennedy Blvd., Suite 600□<br>Tampa, FL 33602 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Manager□<br>Michael Painter□<br>4601 Six Forks Road□<br>Raleigh, NC 27609 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** David Hurless 4-8-08 352-343-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

3/19/2008-90145-028-$138.75-$138.75

DOCUMENT # L07000065189

1. Entity Name

LOCKLANDO ACQUISITION GROUP, LLC

ATTACHMENT 3000380S

| Principal Place of Business | Mailing Address |
|---|---|
| 101 E. KENNEDY BLVD., SUITE 3300<br>TAMPA FL 33602 | 101 E. KENNEDY BLVD., SUITE 3300<br>TAMPA FL 33602 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 271 SOUTHRIDGE INDUSTRIAL DR. | 271 SOUTHRIDGE INDUSTRIAL DR. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| TAVARES FL | TAVARES FL |
| Zip: 32778 Country: | Zip: 32778 Country: |

1st MOORE CR2E083 (10/07)

4. FEI Number: 74-3219782 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| ESQUIVEL, JULIO C ESQ<br>SHUMAKER, LOOP & KENDRICK, LLP<br>101 EAST KENNEDY BLVD., SUITE 2800<br>TAMPA FL 33602 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required on all Articles of Incorporation)

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008, Fee Will Be $538.75**
**Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DAVID HURLESS<br>271 SOUTHRIDGE INDUSTRIAL DRIVE<br>TAVARES, FL 32778<br>☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ROBERT MOREYRA<br>101 E KENNEDY BLVD., #3300<br>TAMPA, FL 33602<br>☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | OAR LIPPINCOTT<br>101 E. KENNEDY BLVD., #3300<br>TAMPA, FL 33602<br>☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | HANS CHRISTIAN BEYER<br>201 E. KENNEDY BLVD., #600<br>TAMPA, FL 33602<br>☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MICHAEL PAINTER<br>4601 SIX FORKS ROAD<br>RALEIGH, NC 27609<br>☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** _____ 2-8-08 353-343-6666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #