

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 15, 2004 8:00 am
Secretary of State

09-15-2004 90052 002 ****50.00

DOCUMENT # L98000001245

1. Entity Name

L & M DEVELOPMENTS, L.C.



Principal Place of Business

Mailing Address

~~584 HORNBLLOWER LN.~~
~~LONGBOAT KEY FL 34228~~

~~584 HORNBLLOWER LN.~~
~~LONGBOAT KEY FL 34228~~

2. Principal Place of Business

930 Blvd of The Arts

Suite, Apt. #, etc.

500

3. Mailing Address

930 Blvd of The Arts

Suite, Apt. #, etc.



MOORE

CR2E083 (4/04)

City & State

Sarasota, FL 34236

Zip

34236

Country

City & State

Sarasota, FL 34236

Zip

34236

Country

4. FEI Number

65-0855948

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

ROKNICH, NICK III
ROKNICH & GIBSON
1800 SECOND STREET, SUITE 901
SARASOTA FL 34236

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME LEHMER, DONALD
STREET ADDRESS 584 HORNBLLOWER LN.
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 930 Blvd of the Arts
CITY-ST-ZIP Sarasota, FL 34236

TITLE MGR ☐ Delete
NAME MOORE, HARRY A
STREET ADDRESS 584 HORNBLLOWER LN.
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 930 Blvd of the Arts
CITY-ST-ZIP Sarasota, FL 34236

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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: Donald Lehmer / MGR

8-26-04

941-387-0406

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

Date

Daytime Phone #