

1987 ON 1/11
1978 ON 1/11


L98000002906

200 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # L98000002906

1. Entity Name
LOCKWOOD DEVELOPMENT, LLC



03 NOV 13 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7600 NORTH LOOKWOOD VILLAGE ROAD
SARASOTA FL 34228

Mailing Address
880 S. OLD WOODWARD AVE.
BIRMINGHAM MI 48009



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0918056** Applied For
Not Applied

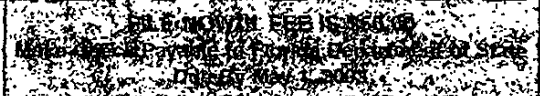
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name Michael Saunders & Company
Street Address (P.O. Box Number is Not Acceptable)
1801 MAIN ST.
City SARASOTA FL Zip Code 34236

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] (ROBERT J SMITH) 9/24/03
Signature, typed or printed name of registered agent, and fee if applicable. (NOTE: Registered Agent Signature required when reinstating)



9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR HANNETT, GAYLE L 880 S. OLD WOODWARD AVE. BIRMINGHAM MI 48009 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR HANNETT, JOHN L 880 S. OLD WOODWARD AVE. BIRMINGHAM MI 48009 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit <u>300023643103</u> <u>10/18/03-01029-003 **50.00</u>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit <u>300023643103</u> <u>12/04/03-01035-012 **100.00</u>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit

REINSTATEMENT 03

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: John L Hannett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

NOV 4 2003 3:22PM HANNETT WILSON WHITE