

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003182

1. Entity Name  
LEMANS LIMITED LIABILITY COMPANY

Principal Place of Business  
1501 SHEPHERD ROAD, SUITE 5  
LAKELAND FL 33811

Mailing Address  
P.O. BOX 6271  
LAKELAND FL 33807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3546641

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

CHRITTON, CHARLES P  
C/O WENDELL, CHRITTON & PARKS, CHARTERED  
5300 S. FLORIDA AVENUE  
LAKELAND FL 33813

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.

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 Department of State

000004334770--7  
-05/30/01--01089--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME SEBRING (PHASE I), LEMANS APARTMENTS, LTD.  
STREET ADDRESS 1501 SHEPHERD ROAD, SUITE 5  
CITY-ST-ZIP LAKELAND FL 33811

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

TITLE MGRM ☐ Delete  
NAME SEBRING (PHASE II), FIRST AMERICAN PROPERT  
STREET ADDRESS 1501 SHEPHERD ROAD, SUITE 5  
CITY-ST-ZIP LAKELAND FL 33811

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

TITLE MGRM ☐ Delete  
NAME LAKELAND (PHASE I), LEMANS APARTMENTS, LTD  
STREET ADDRESS 1501 SHEPHERD ROAD, SUITE 5  
CITY-ST-ZIP LAKELAND FL 33811

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

TITLE MGRM ☐ Delete  
NAME LAKELAND (PHASE II), LEMANS APARTMENTS LTD  
STREET ADDRESS 1501 SHEPHERD ROAD, SUITE 5  
CITY-ST-ZIP LAKELAND FL 33811

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

TITLE MGRM ☐ Delete  
NAME LAKELAND (PHASE III)  
STREET ADDRESS 1501 SHEPHERD ROAD, SUITE 5  
CITY-ST-ZIP LAKELAND FL 33811

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

TITLE MGRM ☐ Delete  
NAME PINES, JACK  
STREET ADDRESS 1501 SHEPHERD ROAD, SUITE 5  
CITY-ST-ZIP LAKELAND FL 33811

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 SIGNATURE Ricarlon D. Hodges

4/20/01

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

Date Daytime Phone #

0019147 AF

CR2E083 (11/00)