

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90026 015 ****50.00

0060854

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3546641**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

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

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

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

SIGNATURE Carlton D. Hodges

4-25-03

863-647-2929

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

Date

Daytime Phone #

CR2E083 (10/02)