2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800003415 1. Entity Name LARK PROPERTY MANAGEMENT, LLC				SECRETARY OF STATE DIVISION OF CORPORATIONS
			<u>_</u>	00 MAR 13 PM 1:13
Principal Place of Business Mailing Address 11500 - 47TH STREET. NO. CLEARWATER FL 33762 Mailing Address 11500 - 47TH STREET. NO. CLEARWATER FL 33762-4955				
2 Principal P	lace of Business	3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State City		City & State		4. FEI Number 59-3549783 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
HINES, JAMES P ESQ.				Leas (DC Day Number is Net Associable)
HINES & ASSOCIATES, P.A.			Street Addre	Iress (P.O. Box Number is Not Acceptable)
315 SOUTH HYDE PARK AVENUE				
TAMPA FL 33606			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				
		1'	OW!!! FEE IS \$50. yable to Departmer	· •
9.	MANAGING MEMB	ERS/MEMBERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY- \$1-ZIP	MGRM KEMBERLING, LEE R 11500 - 47TH STREET, NO. CLEARWATER FL 33762	□ Dekirto	TITLE MAME STREET ADDRESS CITY-ST-ZIP	6000031879554 -03/28/0001081005 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defecte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Deleto	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- \$1- ZIP		☐ Defetts	TITLE NAME STREET ADDRESS CITY-ST-ZEP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MAME BTREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET AGGRESS CITY-ST-ZIP	Change Addition
11. I hereby of indicated	ertify that the information supplied with on this report is true and accurate and bility company or the reserver or truste	that my signature shall have	the same legal effect as	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information as if made under oath; that I am a managing member or manager of the Chapter 608. Florida Statutes.