

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90012 027 ****55.00

DOCUMENT # L99000001336

1. Entity Name

LAKE MARY CENTER ASSOCIATES LLC



Principal Place of Business

Mailing Address

**1701 CHELTENBOROUGH DRIVE
ORLANDO FL 32835**

**1701 CHELTENBOROUGH DRIVE
ORLANDO FL 32835**

2. Principal Place of Business

4403 Vineland Road

3. Mailing Address

4403 Vineland Road

Suite, Apt. #, etc.

B-15

Suite, Apt. #, etc.

B-15

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32811

Country

Orange

Zip

32811

Country

Orange

4. FEI Number

59-3566623

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FALCONER, MATTHEW J
1701 CHELTENBOROUGH DR.
ORLANDO FL 32835**

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 **GARROW, VINCENT**
STREET ADDRESS **15 EAST 40TH STREET, SUITE 340**
CITY-ST-ZIP **NEW YORK NY 10016**

TITLE **MGR** ☐ Delete
NAME **FALCONER, MATTHEW J**
STREET ADDRESS **1701 CHELTENBOROUGH DR.**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 REQUIRED

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

3/31/03

Date

(407) 650 9100

Daytime Phone #

CR2E083 (10/02)