

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90230 028 ****50.00

DOCUMENT # L99000002556

1. Entity Name

LAKE VIEW REALTY & MANAGEMENT, L.L.C.

Principal Place of Business

**800 FIFTH AVE. STE. 203
 NAPLES FL 34102**

Mailing Address

**800 FIFTH AVE. STE. 203
 NAPLES FL 34102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-2028352

Applied For

Not Applicable

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

**PASSIDOMO, KATHLEEN C ESQ
 KELLY PRICE PASSIDOMO & SIKET
 2640 GOLDEN GATE PARKWAY, SUITE 315
 NAPLES FL 34105**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ~~MGR~~ ☒ Delete
 NAME ~~JONES, YVONNE~~
 STREET ADDRESS ~~210 NORTH JEFFERSON~~
 CITY-ST-ZIP ~~CHICAGO IL 60661~~

TITLE ~~MGR~~ ☒ Change ☐ Addition
 NAME ~~JONES, YVONNE~~
 STREET ADDRESS ~~210 NORTH JEFFERSON~~
 CITY-ST-ZIP ~~CHICAGO IL 60661~~

TITLE MGR ☐ Delete
 NAME ADAMS, BEN
 STREET ADDRESS ~~110 E 59TH ST.~~
 CITY-ST-ZIP ~~NEW YORK NY 10022~~

TITLE MGR ☒ Change ☐ Addition
 NAME ADAMS, Ben
 STREET ADDRESS 1535 Selby Rd.
 CITY-ST-ZIP Naperville, IL 60563

TITLE MGR ☐ Delete
 NAME ANDERSON, DON
 STREET ADDRESS 800 FIFTH AVE, STE. 203
 CITY-ST-ZIP NAPLES FL 34102

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Ap 10 '02 (219) 821-5555

Date

Daytime Phone #

CR2E083 (9/01)