

2002 UNIFORM BUSINESS REPORT.(UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90191 028 ****50.00

DOCUMENT # L99000002578

1. Entity Name

LEXINGTON MANOR AT PORT CHARLOTTE, L.L.C.

Principal Place of Business

**4152 W. BLUE HERON BLVD., SUITE 116
 RIVIERA BEACH FL 33404**

Mailing Address

**4152 W. BLUE HERON BLVD., SUITE 116
 RIVIERA BEACH FL 33404**

2. Principal Place of Business

7711 N. Military Trail

Suite, Apt. #, etc.
3rd Floor

3. Mailing Address

7711 N. Military Trail

Suite, Apt. #, etc.
3rd Floor

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33410

Country

Palm Beach

Zip

33410

Country

Palm Beach

4. FEI Number

65-0919609

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHICKEDANZ, WALDEMAR
 4152 W. BLUE HERON BLVD., SUITE 116
 RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent

Name

Schickedanz, Waldemar

Street Address (P.O. Box Number is Not Acceptable)

7711 N. Military Trail

3rd Floor

City

Palm Beach Gardens

FL

Zip Code

33410

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

Waldemar Schickedanz
 Signature, typed or printed name of Registered Agent or Secretary (Signature required when reinstating)

01/10/2002

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **SCHICKEDANZ CAPITAL GROUP, L.L.C.**
 STREET ADDRESS **4152 W. BLUE HERON BLVD., SUITE 116**
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7711 N. Military Trail, 3rd Floor**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

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

TITLE ☐ Change ☐ Addition
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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:

Waldemar Schickedanz
 SIGNATURE REQUIRED

01/10/2002

561-845-8797

SIGNATURE AND

WALDEMAR K. SCHICKEDANZ, PRESIDENT, SCHICKEDANZ CAPITAL GROUP, LLC

Date

Daytime Phone #

CR2E083 (9/01)