

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006652

Entity Name: LOCKWOOD FIVE LLC

FILED  
Jan 24, 2009  
Secretary of State

**Current Principal Place of Business:**

PMB #300  
8951 BONITA BEACH RD #525  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

PMB #300  
8951 BONITA BEACH RD #525  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number: 59-3606376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TREBILCOCK, WILLIAM E  
PMB 300  
8951 BONITA BEACH ROAD #525  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TREBILCOCK, WILLIAM E  
Address: (PMB 300) 8951 BONITA BEACH ROAD, #525  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM TREBILCOCK

MR

01/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date