2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900006652

1. Entity Name

LOCKWOOD FIVE LLC



FILED Mar 05, 2003 8:00 am Secretary of State 03-05-2003 90300 048 ****50.00

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Principal Place of Business Mailing Address											
PMB #300 8951 BONITA BEACH RD #525 BONITA SPRINGS FL 34135			PMB #300 8951 BONITA BEACH RD #525 BONITA SPRINGS FL 34135				1 (18 1844 1844 88 44 8		141 3	
2. Principal P	Place of Busin	ness	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	. FEI Number	59-36063	76		oplied For
Zip		Country	Zip Country			5.	5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent						7.	Name and A	Address of New	Registered	Agent	
TREBILCOCK, WILLIAM E PMB 297 8951 BONITA BEACH ROAD #525					Name Street Address (P.O. Box Number is Not Acceptable)						
BON	IITA SPRIN	3S FL 34135		•	City				FL	Zip Cod	le
The share	named and	coulomita this statement for	the numero of changin - its	rogists-	od office s	rogistered -	cont or bath	in the State of F			and secont
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 Willia E. Traffic from Signature 3/09/03											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ATE											
			FEE IS \$9 orida Dep ay 1, 2003	partment o	f State	~ ~	·				
9.		MANAGING MEMBER	RS/MANAGERS	10.				ADDITIONS	S/CHANGES		
TITLE .	MGRM	, ·		TITL	. 1	• •		ADDITION	37 OT IANGE	Change	Addition
NAME I		OCK, WILLIAM E	☐ Delete	NAM		*					Addition
STREET ADDRESS (PMB 300) 8951 BONITA BEACH			DOAD #595		ET ADDRESS						
CITY-ST-ZIP BONITA SPRINGS FL 34135			NUAU, #323		-ST-ZIP						·
	DUNHA	PHINGS FL 34133		_							
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	ertify that the	information supplied with t	this filing does not qualify for			ad in Section	110 07/3/(0)	Elorida Statutaa	I further on	etific that the in	-formation

Indicated on this report is true and accurate and that my signature shall have the exemption stated in Section 119.07(3)(1), Florida Statutes. 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