

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028215 AF

**DOCUMENT #** L99000006762

**1. Entity Name**  
LAKE RIDGE, L.L.C.

**Principal Place of Business**  
1741 N.W. 127TH WAY  
CORAL SPRINGS FL 33071

**Mailing Address**  
PO BOX 11581  
FORT LAUDERDALE FL 33339

**2. Principal Place of Business**  
FORT LAUDERDALE


**3. Mailing Address**  
PO BOX 1004

Suite, Apt. #, etc.

**City & State**  
City: SIMSBURY, CT

**Zip** 06070 **Country** USA

FILED  
01 MAY 21 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
BARNARD, THOMAS E  
1741 N.W. 127TH WAY  
CORAL SPRINGS FL 33071

**7. Name and Address of New Registered Agent**  
Name: THOMAS E. BARNARD c/o FT. LAUDERDALE  
Street Address (P.O. Box Number is Not Acceptable): 10 THE BATTERCHURN  
City: FORT LAUDERDALE 33316  
City: SIMSBURY CT FL Zip Code: 06070


**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

| 9. MANAGING MEMBERS / MEMBERS                  |  |                                 | 10. ADDITIONS / CHANGES                        |  |  |
|--|--|---------------------------------|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BARNARD, THOMAS E<br>1741 NW 127TH WAY<br>CORAL SPRINGS FL 33071 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 10 the batterchurn<br>Simsbury Ct 06070                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 200004419163-01<br>-06/14/01--01017-012<br>*****50.00 *****50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

**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:**  **MANAGING MEMBER** 3/14/01 860-651-3533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)