

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **MO00000002127**

1. Entity Name

LC Realty, LLC

APPROVED
AND
FILED

01 MAY 15 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2808 Fairmount, Ste 250, LB9
Dallas, TX 75201**

Same

2. Principal Place of Business

2808 Fairmount

3. Mailing Address

2808 Fairmount

Suite, Apt. #, etc.

Suite 250, LB9

Suite, Apt. #, etc.

Suite 250, LB9

City & State

Dallas, TX

City & State

Dallas, TX

Zip

75201

Country

- USA

Zip

75201

Country

USA

4. FEI Number

51-0345694

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT Corporation System
1200 South Pine Island Rd.
Plantation, FL 33324**

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

TITLE **Single Member** ☐ Delete
NAME **Atlantic Financial Group, LTD.**
STREET ADDRESS **2808 Fairmount, Ste 250, LB9**
CITY-ST-ZIP **Dallas, TX 75201**

TITLE **Manager, President** ☐ Delete
NAME **Stephen S. Brookshire**
STREET ADDRESS **2808 Fairmount, Ste 250, LB9**
CITY-ST-ZIP **Dallas, TX 75201**

TITLE **VP/S** ☐ Delete
NAME **Jeffrey W. Brawner**
STREET ADDRESS **2808 Fairmount, Suite 250, LB9**
CITY-ST-ZIP **Dallas, TX 75201**

TITLE **VP** ☐ Delete
NAME **Patricia Keath**
STREET ADDRESS **2808 Fairmount, Suite 250, LB9**
CITY-ST-ZIP **Dallas, TX 75201**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500004384095-015
-06/08/01-01089-015
*******50.00 *****50.00**

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

Date

Daytime Phone #

5/01/01

214-303-1653