2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000033591

Name:

Address: City-St-Zip: FREELAND, ROBERT C

4521 ATLANTIC BOULEVARD

JACKSONVILLE, FL 32207

FILED Aug 08, 2006 Secretary of State

Entity Nar	me: LOCKW	OOD FREELAND COMMERCI	AL REALTY, INC.		
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
4521 ATLANTIC BOULEVARD JACKSONVILLE, FL 32207			SUITE 1	3947 BOULEVARD CENTER DRIVE SUITE 1 JACKSONVILLE, FL 32207	
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
P.O. BOX JACKSON	10233 VILLE, FL 32	247			
FEI Number:	: 59-3638601	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
LOCKWOOD, JOHN D 4521 ATLANTIC BOULEVARD JACKSONVILLE, FL 32207 US			3947 BOULEÝARD SUITE 100	LOCKWOOD, JOHN D 3947 BOULEVARD CENTER DRIVE SUITE 100 JACKSONVILLE, FL 32207 US	
The above in the State	named entity of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE:				08/08/2006	
Electronic Signature of Registered Agent			ent	Date	
		93(2)(b), F.S., the corporation did nongerous Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LOCKWOOD,	C BOULEVARD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FREELAND, B	IC BOULEVARD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	TD () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BARBARA A. FREELAND **VSD** 08/08/2006