

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-30-2002 90002 025 \*\*\*\*55.00

**DOCUMENT # L00000006829**  
 1. Entity Name  
**LAVIAN, LLC**

Principal Place of Business <b>3010 N.E. 46TH STREET          LIGHTHOUSE POINT FL 33064</b>	Mailing Address <b>3010 N.E. 46TH STREET          LIGHTHOUSE POINT FL 33064</b>
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2. Principal Place of Business <b>3010 NE 46th St</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Lighthouse Pt. FL</b>	City & State
Zip <b>33064</b>	Country <b>U.S.A</b>

4. FEI Number <b>65-1108738</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**BALSAMO, VINCENT ESQ.  
 3010 N.E. 46TH STREET  
 LIGHTHOUSE POINT FL 33064**

7. Name and Address of New Registered Agent  
 Name **VINCENT BALSAMO**  
 Street Address (P.O. Box Number Not Acceptable)  
**3010 NE 46th St**  
 City **Lighthouse Pt** **FL** Zip Code **33064**

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 Vincent Balsamo (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BALSAMO, VINCENT 3010 N.E. 46TH STREET LIGHTHOUSE POINT FL 33064</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Vincent Balsamo **REQUIRED**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)