

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90007 050 ****50.00

DOCUMENT # L01000002629
1. Entity Name

ALR Investments, LLC

040901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13782 Pine Villa Lane Suite, Apt. #, etc.	3. Mailing Address 13782 Pine Villa Lane Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

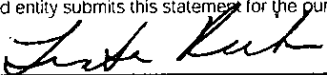
City & State Fort Myers, Florida	City & State Fort Myers, Florida	4. FEI Number 65-1102304	Applied For Not Applicable
Zip 33912	Country USA	Zip 33912	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Linda Richman
Street Address (P.O. Box Number is Not Acceptable) 13782 Pine Villa Lane
City Fort Myers
State FL
Zip Code 33912

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  Linda Richman, Registered Agent

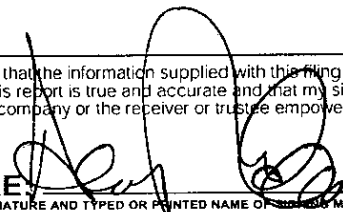
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Linda Richman 13782 Pine Villa Lane Fort Myers, Florida 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Alan Richman 13782 Pine Villa Lane Fort Myers, Florida 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/01)

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  Alan Richman, Member

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 239-437-0044 Daytime Phone #