

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

10106726

DOCUMENT # L01000002629					
1. Entity Name ALR INVESTMENTS, LLC					
Principal Place of Business 13782 PINE VILLA LANE FT MYERS, FL 33912			Mailing Address 13782 PINE VILLA LANE FT MYERS, FL 33912		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1102304	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RICHMAN, LINDA 13782 PINE VILLA LANE FT. MYERS, FL 33912			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
(NOTE: Registered Agent's signature required when existing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete			
NAME	RICHMAN, LINDA	TITLE			
STREET ADDRESS	13782 PINE VILLA LANE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	FORT MYERS, FL 33912	STREET ADDRESS	CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete			
NAME	RICHMAN, ALAN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	13782 PINE VILLA LANE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	FORT MYERS, FL 33912	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> Delete			
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> Delete			
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> Delete			
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP		STREET ADDRESS	<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 606, Florida Statutes.					
SIGNATURE: <i>Linda Richman</i>		Date: 6-2-03		Daytime Phone #: 239 437-0044	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR2E0B3 (10/02)