


05-02-2003 90757 024 \*\*\*\*50.00

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

DOCUMENT # L02000020744		30067027	
1. Entry Name GAR ENTERPRISES LLC			
Principal Place of Business 9101 LAKERIDGE BLVD. BOCA RATON, FL 33496		Mailing Address 9101 LAKERIDGE BLVD. BOCA RATON, FL 33496	
2. Principal Place of Business <i>1250 E HALLANDALE BEACH BLVD</i> Suite, Apt. #, etc. <i>1004</i>		3. Mailing Address <i>1250 E HALLANDALE BEACH BLVD</i> Suite, Apt. #, etc. <i>1004</i>	
4. FEI Number <i>59-1318090</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent LAWRENCE, TEIG 360 E. LAS OLAS BLVD. SUITE 1440 FT. LAUDERDALE, FL 33301		Name <i>THOMAS R. HERRERA</i> Street Address (P.O. Box Number is Not Acceptable) <i>1250 E HALLANDALE BEACH BLVD</i> <i>SUITE 1004</i> City <i>HALLANDALE FL</i> Zip Code <i>33009</i>	
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 <i>Thomas R Herrera</i>		DATE <i>04/28/03</i>	
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 NAME STREET ADDRESS CITY-STATE-ZIP	MGRM REITANO, GERARD A 9101 LAKERIDGE BLVD. BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM REITANO, GREGORY A 9101 LAKERIDGE BLVD. BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<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 and name in this filing are correct 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 609, Florida Statutes.			
SIGNATURE <i>Gerard A. Reitano</i>		DATE <i>04/28/03</i> Phone # <i>954-457-0970</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

CFR2003 (10/02)