

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2000 08:00 AM
Secretary of State

DOCUMENT # L99000002719

1. Entity Name
LLR HOLDINGS, L.L.C.

Principal Place of Business	Mailing Address
10601 HATTERAS DRIVE TAMPA FL 33615	10601 HATTERAS DRIVE TAMPA FL 33615

2. Principal Place of Business	3. Mailing Address
38799 U.S. HIGHWAY 19 NORTH Suite, Apt. #, etc.	10601 HATTERAS DRIVE Suite, Apt. #, etc.

City & State	City & State
TARPON SPRINGS FL	TAMPA FL
Zip: 34689 Country: US	Zip: 33615 Country: US

4. FEI Number	Applied For
59-3572207	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LORA LOETHEN ROBERSON
10601 HATTERAS DRIVE
TAMPA FL 33615

7. Name and Address of New Registered Agent
Name: ROBERSON LORA LMANAGER
Street Address (P.O. Box Number is Not Acceptable): 10601 HATTERAS DRIVE
City: TAMPA FL Zip Code: 33615

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 LORA LOETHEN ROBERSON

04/29/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LORA LOETHEN ROBERSON 10601 HATTERAS DRIVE TAMPA FL 33615 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERSON LORA LMANAGER 10601 HATTERAS DRIVE TAMPA FL 33615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-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 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.