

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90032 044 ****55.00

DOCUMENT # M02000001072



1. Entity Name
L & R INDUSTRIES LLC

Principal Place of Business
**72 SOUTH OCEAN BOULEVARD, SUITE #4
DELRAY BEACH FL 33483**

Mailing Address
**72 SOUTH OCEAN BOULEVARD, SUITE #4
DELRAY BEACH FL 33483**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
4625 Ethans Glenn
Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32812

Country

Zip
32812

Country

4. FEI Number
37-1427478

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ALFIERI, RICHARD
72 SOUTH OCEAN BOULEVARD, SUITE #4
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

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 *Richard Alfieri* *Richard Alfieri* **4-12-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

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 Delete
NAME **MGRM**
STREET ADDRESS **TRAINER, LARRY F**
CITY-ST-ZIP **ONE WHITEHALL STREET, SUITE 1825
NEW YORK NY 10004**

TITLE Change Addition
NAME *Trainer, Larry F.*
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM**
STREET ADDRESS **ALFIERI, RICHARD**
CITY-ST-ZIP **72 SOUTH OCEAN BOULEVARD, SUITE 4
DELRAY BEACH FL 33483**

TITLE Change Addition
NAME *4625 Ethans Glenn*
STREET ADDRESS *Orlando, FL 32812*
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Richard Alfieri* **REQUIRED MGRM** **4-12-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)