


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90161 035 ***150.00

DOCUMENT # 443030	
1. Entity Name L.R.P., INC.	

Principal Place of Business 10961 BUNT HILL RD JACKSONVILLE FL 32256	Mailing Address 509 BRENTON HWY FITZGERALD GA 31750
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2. Principal Place of Business 10579 CASTLEBAR GLEN DR.S.	3. Mailing Address 509 BROXTON HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE, FL	City & State FITZGERALD, GA
Zip 32256	Zip 31750
Country USA	Country USA

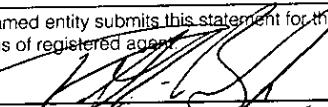


☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1583099	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BIRMELIN, ROBERT JR. 10961 BURNT HILL RD JACKSONVILLE FL 32256	7. Name and Address of New Registered Agent Name BIRMELIN, ROBERT JR. Street Address (P.O. Box Number is Not Acceptable) 10579 CASTLEBAR GLEN DRIVE S. City JACKSONVILLE FL Zip Code 32256
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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  Signature (typed or printed name of registered agent and title if applicable).	ROBERT C. BIRMELIN, JR. TREASURER 2-6-03 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BIRMELIN, REGINA C 10961 BURNT HILL RD JACKSONVILLE FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10579 CASTLEBAR GLEN DRIVE SOUTH JACKSONVILLE, FL 32256 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIRMELIN, ROBERT C JR 10961 BURNT HILL RD JACKSONVILLE FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10579 CASTLEBAR GLEN DRIVE SOUTH JACKSONVILLE, FL 32256 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIRMELIN, PHILIP S 10961 BURNT HILL RD JACKSONVILLE FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10579 CASTLEBAR GLEN DRIVE SOUTH JACKSONVILLE, FL 32256 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRMELIN, ANGELA V 10579 CASTLEBAR GLEN DRIVE SOUTH JACKSONVILLE, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	ROBERT C. BIRMELIN, JR. - TREASURER - 2-6-03 229-423-5289 Date Daytime Phone #
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CR2E034 (10/02)