

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90044 008 ****50.00

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

DOCUMENT # L00000006259

1. Entity Name
LBC GROUP, L.L.C.



Principal Place of Business
2240 WOOLBRIGHT ROAD, SUITE 300
C/O LOUIA REALTY, INC.
BOYNTON BEACH, FL 33426

Mailing Address
2240 WOOLBRIGHT ROAD, SUITE 300
C/O LOUIA REALTY, INC.
BOYNTON BEACH, FL 33426

30052143



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1027088

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

APPIGNANI, LOUIS J
2240 WOOLBRIGHT ROAD, SUITE 300
BOYNTON BEACH, FL 33426

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

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

(NOTE: Registered Agent's signature required when reinstating)

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 MGR
NAME APPIGNANI, LOUIS J
STREET ADDRESS 2240 WOOLBRIGHT ROAD SUITE 300
CITY-ST-ZIP BOYNTON BEACH, FL 33426 ☐ Delete

TITLE MGR
NAME APPIGNANI, LOUIS J
STREET ADDRESS 2240 WOOLBRIGHT ROAD SUITE 300
CITY-ST-ZIP BOYNTON BEACH, FL 33426 ☒ Change ☐ Addition

TITLE MGR
NAME WOLFF, BARRY B
STREET ADDRESS 2250 NW 69TH STREET
CITY-ST-ZIP BOCA RATON, FL 33496 ☐ Delete

TITLE MGR
NAME WOLFF, BARRY B
STREET ADDRESS 2250 NW 69TH STREET
CITY-ST-ZIP BOCA RATON, FL 33496 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/1/03

561-364-5500

CFR2083 (10/02)