LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L00000008396

DOCUMENT#

CITY-ST-ZIP

FILED Jun 04, 2002 8:00 am Secretary of State

1. Entity Name			06-04-20	002 90201 00	9 ****55.00
L & L PROPERTIES, LLC	V				
DO NOT WRITE I	N THIS SP	ACE			
Principal Place of Business Address Mailing Address			968441		
1491 CHESAPEAKE AVE 1491 CHESAPEAKE AVE.			1	I 1	
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
. D	O				The gates
City & State	City & State NAPLES FLA.		4. FEI Number 65 - 102575	ø	Applied For
NAPLES FLA.			62-107212		Not Applicable
Zip Country 34102 USA	Zip 34102	Country U.S.A.	5. Certificate of Status Desired		5.00 Additional se Required
JFIOZ USA			7. Name and Address of Curre		<u> </u>
DO NOT WR	Name Street Address (Name LYVCH, JOSEPH R. Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE			91 CHESAPEAL	CE AVE	
			NIT D		}
		City N	4PLES	FL	Zip Code 3 41 02
8. The above named entity submits this statement for the	e purpose of changing its re	gistered office or register	ed agent, or both, in the State of	Florida.	
SIGNATURE		NA			
Signature, typed or printed name of registered agent and title if applicable.				DATE	
		E IS \$50.00 ble to Department o	f State		

DUE BY MAY 1 MANAGING MEMBERS/MANAGERS MANAGER - NEMBER -TITLE TITLE JOSEPH R. LYNCH NAME 1491 CHESAPERICE AVE #D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES 4LA. 34102 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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.