

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90043 032 ****50.00

DOCUMENT # L00000014944



1. Entity Name
LD INVESTMENTS, LLC

Principal Place of Business
**1647 JOYCE ST
SARASOTA FL 34231**

Mailing Address
**1647 JOYCE ST
SARASOTA FL 34231**

2. Principal Place of Business
505 Buena Vista Dr

3. Mailing Address
505 Buena Vista Dr

Suite, Apt. #, etc.

City & State
Nokomis FL

City & State
Nokomis FL

Zip
34275

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**STEINGOLD, LISA
5921 WILDWOOD AVE.
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name **Steingold, Lisa**

Street Address (P.O. Box Number is Not Acceptable)
505 Buena Vista Dr

City **Nokomis** **FL** Zip Code **34275**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	STEINGOLD, LISA	5921 WILDWOOD AVE.	SARASOTA FL 34231	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Steingold, Lisa	505 Buena Vista Dr	Nokomis, FL 34275	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 *Lisa Steingold* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/17/03 **941-483-9193**
Date Daytime Phone #

CR2E083 (10/02)