2002 UNIFORM BUSINESS REPORT (UBR)

May 07, 2002 8:00 am Secretary of State DOCUMENT # L01000016492 05-07-2002 90389 022 ****50.00 SAWGRASS BUSINESS CENTER, LLC Principal Place of Business Mailing Address % G & D ENTERPRISES, LLC % G & D ENTERPRISES, LLC 955880 1311 NEWPORT CENTER DRIVE WEST 1311 NEWPORT CENTER DRIVE WEST DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 65-1142215 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAYSTROM, WILLIAM C Street Address (P.O. Box Number is Not Acceptable) 1177 S.E. 3RD AVENUE FORT LAUDERDALE FL 33316 City Zip Code FL 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. 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 Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE □ Delete TITLE Change Addition MGRM G & D ENTERPRISES, LLC NAME NAME LCR Properties, Inc. STREET ADDRESS STREET ADDRESS 2724-NE 37th Drive 1311 NEWPORT CENTER DRIVE WEST CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 Fort Lauderdale, FL 33308 MGRM ☐ Delete TITLE ☐ Change ☐ Addition DESIGN FLOORING, INC. NAME NAME STREET ADDRESS 3251 S.W. 15TH DRIVE STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change Addition NAME SAWGRASS BUSINESS DEPOT, INC. NAME STREET ADDRESS 2811 N.E. 53RD COURT STREET ADDRESS CITY-ST-7IP LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST²ZIP CITY-ST-ZIP TITLE 🚤 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP

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 of trustify importance to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

Daytime Phone #

FILED