

FILED  
Mar 29, 2002 8:00 am  
Secretary of State

02-26-2002 90083 015 \*\*\*\*50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020158

1. Entity Name

L & L INVESTMENTS LLC

Principal Place of Business

101 WARWICK DR  
NAPLES FL 34113

Mailing Address

101 WARWICK DR  
NAPLES FL 34113

2. Principal Place of Business

101 WARWICK HILLS DR

Suite, Apt. #, etc.

3. Mailing Address

101 WARWICK HILLS DR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3757000

Applied For

Not Applicable

Zip

34113

Country

USA

Zip

34113

Country

USA

5. Certificate of Status Desired

55.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LORENZ, CHRISTOPHER M  
101 WARWICK DR  
NAPLES FL 34113

7. Name and Address of New Registered Agent

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.

SIGNATURE

*Christopher M Lorenz*

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

(NOTE: Registered Agent signature required when reinstating)

1/21/02

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	VICE PRESIDENT PETER LORENZ	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1012 HUDSON RD KENT, OHIO 44240	
TITLE NAME	SECRETARY SANDRA THORBURN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1420 JEWEL BOX AVE NAPLES, FL 34102	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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:

*Christopher M Lorenz*

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

2/16/02

Date

941 774 5810

Daytime Phone #

CR2E083 (9/01)