


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90109 033 \*\*\*\*50.00


|   |   |
|---|---|
| <b>DOCUMENT # L01000020158</b><br>1. Entity Name<br><b>L &amp; L- INVESTMENTS LLC</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>101 WARWICK DR<br/>NAPLES FL 34113</b> | Mailing Address<br><b>101 WARWICK DR<br/>NAPLES FL 34113</b> |
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|--|--|
| 2. Principal Place of Business<br><b>101 WARWICK HILLS DR</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>101 WARWICK HILLS DR</b><br>Suite, Apt. #, etc. |
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|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br><b>Naples FL</b> | City & State<br><b>Naples FL</b> |
|----------------------------------|----------------------------------|

|                     |                       |                     |                       |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip<br><b>34113</b> | Country<br><b>USA</b> | Zip<br><b>34113</b> | Country<br><b>USA</b> |
|---------------------|-----------------------|---------------------|-----------------------|

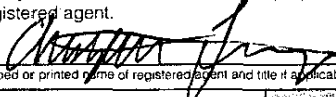


MOORE CR2E083 (11/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3757000</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br><b>LORENZ, CHRISTOPHER M<br/>101 WARWICK DR<br/>NAPLES FL 34113</b> | 7. Name and Address of New Registered Agent<br>Name<br><b>CHRISTOPHER M LORENZ</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>101 WARWICK HILLS DR</b><br><br>City<br><b>NAPLES</b> |
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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:  (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br><b>LORENZ, PETER</b><br><b>1012 HUDSON RD</b><br><b>KENT OH 44240</b>        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br><b>THOBURN, SANDRA</b><br><b>1420 JEWEL BOX AVE</b><br><b>NAPLES FL 34102</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #