

2002 UNIFORM BUSINESS REPORT (UBR)

0010676

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DOCUMENT # L01000021449

1. Entity Name
DNR, LLC

FILED

02 NOV 26 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 17898 ABERDEEN WAY BOCA RATON FL 33496	Mailing Address 17898 ABERDEEN WAY BOCA RATON FL 33496
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0557015	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

RUSSELL, DAVID N
17898 ABERDEEN WAY
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name Scott Stein, CPA
Street Address (P.O. Box Number is Not Acceptable)
The Village Blvd Ste 325
City West Palm Beach FL Zip Code 33409

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME mbr David Russell STREET ADDRESS 17898 Aberdeen way CITY-ST-ZIP Boca Raton FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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

200008831552
11/06/02-01085-010 *\$50.00

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: *David Russell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (4/02)

2082

DIVINE, BLALOCK, MARTIN & SELLARI, P.A.

G. MICHAEL MARTIN, CPA*
GARY B. SELLARI, CPA/PFS, MSM
J. RONALD ANDERSON, CPA/ABV, CVA

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

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ESTABLISHED 1932

WILBUR F. DIVINE, III, CPA (1896-1964)
WILBUR F. DIVINE, IV, CPA (1925-1989)
JAMES A. BLALOCK, CPA (1914-1996)

*REGULATED BY THE STATE OF FL
**REGULATED BY THE STATE OF FL AND
THE STATE OF NY

November 1, 2002

Registration Section
Division of Corporations
Uniform Business Report Filings
P O Box 6327
Tallahassee, FL 32314-6327

RE: DNR, LLC
L01000021449

To Whom It May Concern:

We are writing in regard to the attached UBR report. We are filing this report with the correct annual fee of \$50.00.

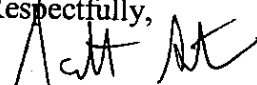
We understand that this form is late, but we are asking for a waiver of late filing fees.

The registered agent for the taxpayer lives out of state for part of the year. The reason the registered agent/sole shareholder is not in Florida full time is because he is handicapped and needs to be where he can get the best treatments for his illness. This original form had been forwarded back and forth and by the time it reached this firm, it was already late. If you review box 7 of the form you will see that a new registered agent has been chosen so that this error does not happen again.

We are hoping that you see it in your heart to waive these late fees this one time. If not, please contact us directly as the new registered agent and we will pay you what you request.

We will wait for your reply.

Respectfully,



Scott Stein, CPA

Encl: UBR 2001

Check #2127

DNR, LLC/UBR 2001 penalty letter 11-1-02-ss-ltr