

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90007 018 ****50.00

DOCUMENT # L01000022287

1. Entity Name

LJR, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2600 W Black Diamond Cr Suite, Apt. #, etc.	2600 W Black Diamond Cr Suite, Apt. #, etc.
City & State Lecanto, FL	City & State Lecanto, FL
Zip 34461	Zip 34461
Country Citrus	Country Citrus

DO NOT WRITE IN THIS SPACE

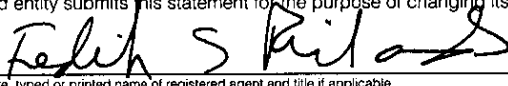
4. FEI Number	Applied For
61-1402490	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name		
FREDRICK S RICHARDS		
Street Address (P.O. Box Number is Not Acceptable)		
2878 N Prestwick Way		
City	FL	Zip Code
Lecanto		34461

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  **DATE**

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

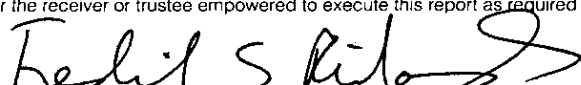
FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE	NAME	TITLE	NAME
Chairman	Larry A Laukka		
STREET ADDRESS	2802 N Prestwick Way	STREET ADDRESS	
CITY-ST-ZIP	Lecanto, FL 34461	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
President	Fredrick S Richards		
STREET ADDRESS	2878 N Prestwick Way	STREET ADDRESS	
CITY-ST-ZIP	Lecanto, FL 34461	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/01)

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:  **Date** **Daytime Phone #**

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