

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED
May 05, 2003 8:00 am
Secretary of State

0047175

05-05-2003 90684 015 ****50.00

DOCUMENT # L02000000089

1. Entity Name
WARRINGTON GROUP, L.L.C.



Principal Place of Business: **677 EAST MAIN STREET GENEVA OH 44041**
Mailing Address: **P.O. BOX 551260 JACKSONVILLE FL 32255**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



CHECK HERE IF MAKING CHANGES

4. FEL Number: **02-0539493** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent: **ANSABACHER, LAWRENCE V
5150 BELFORD ROAD
BUILDING 100
JACKSONVILLE FL 32256**

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. 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, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: _____ NAME: MGRM MILLER, JAMES E STREET ADDRESS: 677 EAST MAIN STREET CITY-ST-ZIP: GENEVA OH 44041	<input type="checkbox"/> Delete	TITLE: _____ NAME: MGRM The Three D's Company STREET ADDRESS: P.O. Box 109 CITY-ST-ZIP: Geneva Ohio 44041	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: MGRM Baiert, William R STREET ADDRESS: 677 East Main Street CITY-ST-ZIP: Geneva, Ohio 44041	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: MGRM molnar, Louis W. STREET ADDRESS: 677 East Main Street CITY-ST-ZIP: Geneva, Ohio 44041	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: MGRM Financial Beta Leasing STREET ADDRESS: 24 Cluo Road CITY-ST-ZIP: Carnegie, PA 15104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: MGRM m&L Partners STREET ADDRESS: P.O. Box 11067 CITY-ST-ZIP: Pittsburgh, PA 15237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: MGRM McDonough, Thomas J. STREET ADDRESS: 1000 Grandview Avenue # 505 CITY-ST-ZIP: Pittsburgh, PA 15211	<input type="checkbox"/> Change <input checked="" 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(30), 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 REQUIRED* **M.M.** Date: **3/12/03** Daytime Phone #: **46-466-1191**

CR2E083 (10/02)

Attachment to WARRINGTON GROUP I.L.C.
DOCUMENT #L02000000089

30067946

MGRM
Peirce, Jr., Robert N.
104 Fair Acres Drive
Sewickley, PA 15143

MGRM
William Baierl Trust
10430 Perry Highway
Wexford, PA 15090