

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000000103

1. Entity Name

D. LAWRENCE RAYBURN, LLC

Principal Place of Business

501 KNIGHTS RUN AVENUE #4101
TAMPA FL 33602

Mailing Address

501 KNIGHTS RUN AVENUE #4101
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1617155

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAYBURN, D. LAWRENCE
501 KNIGHTS RUN AVENUE #4101
TAMPA FL 33602

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

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

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAYBURN, D. LAWRENCE 501 KNIGHTS RUN AVENUE #4101 TAMPA FL 33602	<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

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
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

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:

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

August 11, 2002 813-286-3735

Daytime Phone #

FILED
Sep 25, 2002 8:00 am
Secretary of State

08-28-2002 90035 003 ****50.00

43012

DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)

Attachment 43012
D. LAWRENCE RAYBURN, LLC
501 Knights Run Avenue, #4101
Tampa, FL 33602
office: (813) 286-3935

September 17, 2002

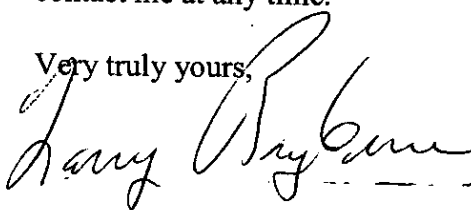
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: D. Lawrence Rayburn, LLC
Ref. No.: L02000000103

Dear Division of Corporations:

As per your letter of August 29, 2002 and my telephone conversation with an official of your office on September 16th, I am enclosing the corrected Annual Report/Uniform Business Report indicating the FEI number in Block 4. If you need anything else from me, please feel free to contact me at any time.

Very truly yours,



for D. Lawrence Rayburn, LLC

DLR/abb
Enclosure