

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90344 036 \*\*\*\*50.00

**DOCUMENT # L02000001397**



1. Entity Name  
**R & Z INVESTMENTS, L.L.C.**

Principal Place of Business: **1260 SOUTH HIGHWAY US 1, ROCKLEDGE FL 32955**  
Mailing Address: **1260 SOUTH HIGHWAY US 1, ROCKLEDGE FL 32955**

**20016364**



CHECK HERE IF MAKING CHANGES

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

City & State

4. FEI Number: **30-0028748**  
Applied For:  Not Applicable

Zip: Country: Zip: Country:

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

6. Name and Address of Current Registered Agent:  
**FALLACE, JAMES H  
1900 S. HICKORY STREET STE A  
MELBOURNE FL 32901**

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	
TITLE: <b>MGRM</b> NAME: <b>ZIEGLER, BRIAN S</b> STREET ADDRESS: <b>1260 SOUTH US 1</b> CITY-ST-ZIP: <b>ROCKLEDGE, FL 32955</b>	<input type="checkbox"/> Delete
TITLE: <b>MGRM</b> NAME: <b>ROBINSON, LAWRENCE G.</b> STREET ADDRESS: <b>1260 SOUTH US 1</b> CITY-ST-ZIP: <b>ROCKLEDGE, FL 32955</b>	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
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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
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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: **BRIAN S. ZIEGLER** **321-634-2551**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: Daytime Phone #

CR2E083 (10/02)