


4/16/

04-16-2003 90030 022 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L02000002548**

1. Entity Name  
**LER ROSS, LLC**



Principal Place of Business  
**1115 STONEHAM DRIVE  
 GROVELAND FL 34738**

Mailing Address  
**1115 STONEHAM DRIVE  
 GROVELAND FL 34738**

2. Principal Place of Business  
**1115 STONEHAM DRIVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1115 STONEHAM DRIVE**  
 Suite, Apt. #, etc.

City & State  
**GROVELAND, FL**

City & State  
**GROVELAND, FL**

Zip  
**34736**

Country  
**LAKE**

Zip  
**34736**

Country  
**LAKE**

44003333

[REDACTED]

[REDACTED]

CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent  
**ROSS, LARRY E  
 1115 STONEHAM DRIVE  
 GROVELAND FL 34738**

4. FEI Number  
**01-0589831**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 Name **ROSS, LARRY E**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1115 STONEHAM DRIVE**  
 City **GROVELAND** FL Zip Code **34736**

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: *Larry E. Ross* **LARRY E. ROSS** DATE: **5/5/03**

Signature typed or printed name of registered agent who file if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Florida Department of State  
 Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OWNER - BROKER</b> Delete <b>LARRY E. ROSS</b> <b>1115 STONEHAM DR.</b> <b>GROVELAND, FL 34738</b>
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *LARRY E. ROSS* DATE: **5/5/03** PHONE: **352-429-0960**

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

CR2003 (10/02)