

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

FILED
May 22, 2003 8:00 am
Secretary of State

04-29-2003 90026 046 ****50.00

DOCUMENT # L02000002887



1. Entity Name
LG CITRUS PARK, LLC

Principal Place of Business
**25101 CHAGRIN BLVD. #300
BEACHWOOD OH 44122**

Mailing Address
**25101 CHAGRIN BLVD. #300
BEACHWOOD OH 44122**

44002090



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

7. Name and Address of New Registered Agent

**A.G.C. CO.
200 SOUTH ORANGE AVE.
SUITE 2300
ORLANDO FL 32801**

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MANAGING MEMBER** Delete
NAME: **LARRY GOLDBERG**
STREET ADDRESS: **25101 CHAGRIN BLD. #300**
CITY-ST-ZIP: **BEACHWOOD, OH 44122**

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: **MANAGER** Delete
NAME: **JORDAN GOLDBERG**
STREET ADDRESS: **25101 CHAGRIN BLD. #300**
CITY-ST-ZIP: **BEACHWOOD, OH 44122**

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: **MANAGER** Delete
NAME: **ERIC BELL**
STREET ADDRESS: **25101 CHAGRIN BLD. #300**
CITY-ST-ZIP: **BEACHWOOD, OH 44122**

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

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CITY-ST-ZIP: Change 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] **LINE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 4/22/03 Daytime Phone #: 216-731-6100

CR2E083 (10/02)