


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90020 002 ****50.00

0025121

DOCUMENT # L02000007203	
1. Entity Name LOB, LLC	

Principal Place of Business 661 SOUTHEAST 14TH COURT. #2 FORT LAUDERDALE FL 33316	Mailing Address 661 SOUTHEAST 14TH COURT. #2 FORT LAUDERDALE FL 33316
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10105553



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 1700 SE 15th Street Suite, Apt. #, etc. 103 City & State Fort Lauderdale FL	3. Mailing Address 1700 SE 15th Street Suite, Apt. #, etc. 103 City & State Fort Lauderdale FL
Zip 33316	Country

4. FEI Number 04- 3631501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
DYAL, J. PATRICK 661 SOUTHEAST 14TH COURT, #2 FORT LAUDERDALE FL 33316

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLEISHER, DAVID A 661 SOUTHEAST 14TH COURT, #2 FORT LAUDERDALE FL 33316 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEXTON, DAVID W III 701 SOUTHWEST 8TH WAY FORT LAUDERDALE FL 33315 <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	1700 SE 15th St #103 Fort Lauderdale FL 33316 <input checked="" 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: *David A. Fleisher* **REQUIRED** 5/19/03 5619128278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)

Attachment
10106653
L02000007203

May 19, 2003

Division of Corporations
Limited Liability Company
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: LOB, LLC. 04-3631501

To whom it may concern:

This past Friday I received the Uniform Business Report for LOB, LLC. Obviously the filing date is already past due. In an effort to have all of my contact information up to date I called the Division of Corporations last September and spoke with a representative who I thought made the necessary address changes due to a move I made last year.

Enclosed is the UBR with the required filing fee as if it was received within the filing due date. As I have made every effort to comply with the filing requirements, I would appreciate if you would accept this payment and waive any late charges due.

Thank you in advance.



David Fleisher