

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

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90005 007 \*\*\*150.00

**DOCUMENT # L02000009638**



**1. Entity Name**  
**EISENBERG PROPERTY INVESTMENTS, LLC**

**Principal Place of Business**

**Mailing Address**

**9728 W. SAMPLE ROAD  
C/O BARRY DIAMOND  
CORAL SPRINGS FL 33065**

**9728 W. SAMPLE ROAD  
C/O BARRY DIAMOND  
CORAL SPRINGS FL 33065**

**20026055**



☐ CHECK HERE IF MAKING CHANGES

**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**

**36-4495538**

Applied For

Not Applicable

**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**

**DIAMOND, BARRY A  
9728 W. SAMPLE ROAD  
CORAL SPRINGS FL 33065**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
EISENBERG, LORI  
9728 W. SAMPLE ROAD  
CORAL SPRINGS FL 33065** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Lori Eisenberg*  
**LORE EISENBERG**

**1/6/03**

Date

**957-755-1212**

Daytime Phone #

CR2E083 (10/02)