

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 25, 2003 8:00 am  
Secretary of State

02-25-2003 90082 009 \*\*\*\*55.00

DOCUMENT # L02000013022

1. Entity Name

R & D INVESTORS, LLC



Principal Place of Business

Mailing Address

400 EAST ATLANTIC BOULEVARD  
POMPANO BEACH FL 33064

400 EAST ATLANTIC BOULEVARD  
POMPANO BEACH FL 33064

2. Principal Place of Business

3195 N. POWERLINE RD.

3. Mailing Address

3195 N. POWERLINE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 100

SUITE 100

City & State

POMPANO BEACH, FLA.

City & State

POMPANO BEACH, FLA

Zip

33069

Country

BROWARD

Zip

33069

Country

BROWARD



CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0711875

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHAHADY, THOMAS R ESQ  
316 NE 4TH STREET  
FORT LAUDERDALE FL 33301

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

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	<input type="checkbox"/> Delete
MGRM	ROEPNACK, ROBERT	400 EAST ATLANTIC BOULEVARD	POMPANO BEACH FL 33064	<input type="checkbox"/>
MGRM	ROEPNACK, DAVID	400 EAST ATLANTIC BOULEVARD	POMPANO BEACH FL 33064	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		3195 N POWERLINE RD, STE 100,	POMPANO BEACH, FLA 33069	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3195 N. POWERLINE RD., STE 100	POMPANO BEACH, FLA 33069	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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] **NO SIGNATURE REQUIRED**

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

Date

Daytime Phone #

954-691-2400

CR2E083 (10/02)