

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022817

Entity Name: LD GROUP, LLC

FILED  
Apr 30, 2004  
Secretary of State

## Current Principal Place of Business:

5650 N.W. 74TH PLACE, APT 208  
COCONUT CREEK, FL 33073

## New Principal Place of Business:

5650 N.W. 74TH PLACE, APT 101  
COCONUT CREEK, FL 33073

## Current Mailing Address:

5650 N.W. 74TH PLACE, APT 208  
COCONUT CREEK, FL 33073

## New Mailing Address:

5650 N.W. 74TH PLACE, APT 101  
COCONUT CREEK, FL 33073

FEI Number: 02-0641045

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LARA, MARIA CRISTINA  
5650 NW 74TH PL #208  
COCONUT CREEK, FL 33073 US

## Name and Address of New Registered Agent:

LARA, MARIA CRISTINA  
5650 NW 74TH PL #101  
COCONUT CREEK, FL 33073 US

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.

SIGNATURE: MARIA CRISTINA LARA

04/30/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: LARA, CRISTINA  
Address: 5650 NW 74TH PLACE, APT 208  
City-St-Zip: COCONUT CREEK, FL 33073

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LARA, CRISTINA  
Address: 5650 NW 74TH PLACE, APT 101  
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARIA CRISTINA LARA

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04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date