2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90096 036 ****50.00

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DOCUMENT # L02000029785

1. Entity Name
L & T INVESTMENTS, LLC

Principal Place of Business	Mailing Address
404 JENKS AVE PANAMA CITY FL	404 JENKS AVE PANAMA CITY FL

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.: 13109 OLEANDER DR		Suite, Apt. #, etc.: P.O. BOX 9621	
City & State: PANAMA CITY BEACH, FL		City & State: PANAMA CITY BEACH, FL	
Zip: 32407	Country: ~~BAY~~ USA	Zip: 32417	Country: USA

4. FEI Number: 14-1854718 ☐ 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
GIOIELLO, JOHN L 404 JENKS AVE PANAMA CITY FL	Name: H.T. TEHRANI Street Address (P.O. Box Number is Not Acceptable): 13109 OLEANDER DR City: PANAMA CITY BEACH, FL Zip Code: 32407

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] H.T. TEHRANI MGRM DATE 2-7-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TEHRANI, H T		NAME		
STREET ADDRESS	PO BOX 9621		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32417		CITY-ST-ZIP		
TITLE	MGRM	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	LEE, DEL		NAME		
STREET ADDRESS	PO BOX 1987		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32402		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 REQUIRED~~ H.T. TEHRANI MGRM 2-7-03 (850) 960-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)