

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90001 037 ****50.00

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

10107654

DOCUMENT # L02000030111 1. Entity Name LK OF DELRAY, LLC					
Principal Place of Business 1047 EAST ATLANTIC AVENUE DELRAY BEACH, FL 33483			Mailing Address 1047 EAST ATLANTIC AVENUE DELRAY BEACH, FL 33483		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 47-0898594	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HORGER, LEONARD 1047 EAST ATLANTIC AVENUE DELRAY BEACH, FL 33483			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's signature required when resigning) 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	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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)(f), 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: <i>David K. Thomas</i>			Date: 6/12/03 Daytime Phone: 561-330-6065		

CR2E083 (10/02)