

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

503269900113
9/24/2003-90048-030-\$50.00-\$50.00

DOCUMENT # L02000034331

1. Entity Name
IRGUN INVESTMENTS, LLC



FILED

2003 NOV 10 AM 10:04

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business Mailing Address
2001 NE 191ST DRIVE 2001 NE 191ST DRIVE
NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179

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 **01-0765498** Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FROMMER, STANLEY
2001 NE 191ST DRIVE
NORTH MIAMI BEACH FL 33179

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STANLEY FROMMER <input type="checkbox"/> Delete MANAGING MEMBER 2001 NE 191 DR N MIAMI BEACH FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROSALIND FROMMER <input type="checkbox"/> Delete MANAGING MEMBER 2001 NE 191 DR N MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Stanley Frommer** **ROSALIND FROMMER** **305 932-4484**
Date: **9-12-03**
Daytime Phone #

CR2E083 (4/03)