2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2004
Secretary of State

DOCUMENT# L02000034762

Entity Name: LTR GROUP LLC

Current Principal Place of Business:

1730 S. FEDERAL HIGHWAY
SUITE 292
DELRAY BEACH, FL 33483

New Principal Place of Business:

20533 BISCAYNE BLVD
SUITE 562
AVENTURA, FL 33180

Current Mailing Address:

1730 S. FEDERAL HIGHWAY
SUITE 292
DELRAY BEACH, FL 33483

New Mailing Address:

20533 BISCAYNE BLVD
SUITE 563
AVENTURA, FL 33180

FEI Number: 06-1682116 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAUNDERS, RUTH ANN
1730 S. FEDERAL HIGHWAY
SUITE 292
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

SAUNDERS, RUTH A
20533 BISCAYNE BLVD
SUITE 563
AVENTURA, FL 33180 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: RUTH ANN SAUNDERS 03/31/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: SAUNDERS, RUTH A
Address: 20533 BISCAYNE BLVD., ST 562
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Change (X) Addition
Name: SAUNDERS, DIANA K
Address: 20533 BISCAYNE BLVD., ST 562
City-St-Zip: AVENTURA, FL 33180

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: RUTH ANN SAUNDERS MGRM 03/31/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date