


FILED
May 25, 2004 8:00 am
Secretary of State

04-19-2004 90028 018 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000021338			
1. Entity Name LFR, LLC			
Principal Place of Business 201 S. BISCAYNE BLVD., STE. 1700 MIAMI, FL 33131		Mailing Address 201 S. BISCAYNE BLVD., STE. 1700 MIAMI, FL 33131	
2. Principal Place of Business 3814 CURTISS PKWY		3. Mailing Address 3814 CURTISS PKWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
4. FSI Number 04022004 Chg-LLC CR2E083 (10/03)		Applied For Not Applicable	
City & State VIRGINIA GARDENS FL		City & State VIRGINIA GARDENS FL	
Zip 33166		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent MIAMI CENTER REGISTERED AGENTS, LLC 201 S. BISCAYNE BLVD., STE. 1700 MIAMI, FL 33131	
7. Name and Address of New Registered Agent Name: MIKE HORNSTEIN Street Address (P.O. Box Number is Not Acceptable): 3814 CURTISS PKWY. City: VIRGINIA GARDENS FL Zip Code: 33166			
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: <i>Mike Hornstein</i>		DATE: 4/14/04	
Filing Fee is \$50.00 Due by May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MEMBER <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME: VITO LA FONGIA	NAME:		
STREET ADDRESS: 3814 CURTISS PKWY.	STREET ADDRESS:		
CITY-ST-ZIP: VIRGINIA GARDENS, FL 33166	CITY-ST-ZIP:		
TITLE: MEMBER <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME: LUCERZIA LA FONGIA	NAME:		
STREET ADDRESS: 3814 CURTISS PKWY	STREET ADDRESS:		
CITY-ST-ZIP: VIRGINIA GARDENS, FL 33166	CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME:	NAME:		
STREET ADDRESS:	STREET ADDRESS:		
CITY-ST-ZIP:	CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME:	NAME:		
STREET ADDRESS:	STREET ADDRESS:		
CITY-ST-ZIP:	CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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)(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 606, Florida Statutes.			
SIGNATURE: <i>Mike Hornstein</i>		DATE: 4/14/04 (305)871-555	
SIGNATURE AND TYPED OR PRINTED NAME OF BONDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE MIKE HORNSTEIN		Date	