# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L03000021338

1. Entity Name LFR, LLC



Principal Place of Business

Mailing Address

3814 CURTISS PKWY

VIRGINIA CARDENS, FL 33166

3814 CURTISS PKWY

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VIRGINIA GARDENS, FL 33166

#### **FILED** Feb 20, 2006 08:00 AM **Secretary of State**



01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0040414 Applied For Not Applicable

5. Certrlicate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HORNSTEIN, MIKE 3814 CURTISS PKWY VIRGINIA GARDENS, FL 33166

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<ol> <li>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 the obligations of registered agent.</li> </ol>	am familiar with, and	accept
SIGNATURE		

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

### Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LA FORGIA, VITO 3814 CURTISS PKWY. VIRGINIA GARDENS, FL 33186
TITLE HAME STREET ADDRESS CITY-ST-ZIP	MGRM LA FORGIA, LUCRETIA 3814 CURTISS PKWY. VIRGINIA GARDENS, FL 33166
TITLE NAME STREET ADDRESS CYTY-57-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET AUDICESS	

1830000435945 83/02/06 50020-020 50.00

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11. I hereby certify that the information supplied with this hiling does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE