


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 03, 2004 8:00 am
Secretary of State

09-03-2004 90037 026 ****50.00

DOCUMENT # L03000034476		
1. Entity Name LR, L & S LLC		

Principal Place of Business 5816 SADDLE TRAIL LANE LAKE WORTH, FL 33467	Mailing Address 5816 SADDLE TRAIL LANE LAKE WORTH, FL 33467
---	---

2. Principal Place of Business 5816 Saddle Trail Lane	3. Mailing Address 5816 Saddle Trail Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake worth, FL	City & State Lake worth, FL
Zip 33467	Country US
City & State Lake worth, FL	City & State Lake worth, FL
Zip 33467	Country US

24003433

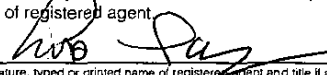
08272004 Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0801-768	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

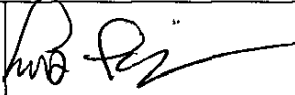
6. Name and Address of Current Registered Agent TAYLOR, LISA 5816 SADDLE TRAIL LANE LAKE WORTH, FL 33467	
---	--

7. Name and Address of New Registered Agent Name Lisa Taylor Street Address (P.O. Box Number is Not Acceptable) 5816 Saddle Trail Lane City Lake worth FL Zip Code 33467	
--	--

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.

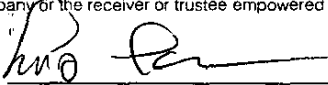
SIGNATURE  DATE 8-31-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State
---	---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lisa Fitter 5816 Saddle Trail Lane Lake worth, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	president <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  DATE 8-31-04 DAYTIME PHONE # 561-350-0661

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