


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

09-03-2004 90037 027 \*\*\*\*50.00

<b>DOCUMENT #</b> L03000034484	
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1. Entity Name  
L & LR LLC

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

Mailing Address  
5816 SADDLE TRAIL LANE  
LAKE WORTH, FL 33467

24083292



2. Principal Place of Business 5816 Saddle Trail Lane Suite, Apt. #, etc.	3. Mailing Address 5816 Saddle Trail Lane Suite, Apt. #, etc.
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08272004 Chg-LLC CR2E083 (10/03)

City & State Lake Worth, FL	City & State Lake Worth, FL
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4. FEI Number 04-3774473	Applied For Not Applicable
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Zip 33467	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent TAYLOR, LISA 5816 SADDLE TRAIL LANE LAKE WORTH, FL 33467
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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
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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.

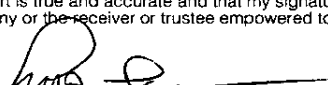
SIGNATURE  DATE 8-31-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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
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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