


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90343 017 \*\*\*\*50.00

<b>DOCUMENT # L03000037313</b>			
1. Entity Name <b>L &amp; R REHAB CONSULTANTS LLC</b>			
Principal Place of Business <b>12467 62ND STREET NORTH #103 LARGO, FL 33773</b>		Mailing Address <b>12457 62ND STREET NORTH #103 LARGO, FL 33773</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>LYONS, RANDY 12467 62ND STREET NORTH #103 LARGO, FL 33773</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
8. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
9. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILING Fee is \$50.00 Due by May 1, 2004</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LYONS, RANDY 12467 62ND STREET NORTH #103 LARGO, FL 33773</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST LINDA C. BRUBAKER 540 PALMDALE DR. OLDSMAR FL. 34677</b> <input type="checkbox"/> Change <input checked="" 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.			
<b>SIGNATURE: Randy Lyons</b>		<b>Randy F. Lyons 2/18/04 727-458-8387</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

34001120



01222004 Chg-LLC CR2E083 (10/03)

FEI Number **20-0479344** Applied For Not Applicable