2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90016 028 ***138.75

DOCUMENT # L05000088200

1. Entity Name

LENOX BRS, L.L.C.

Principal Place of Business	Mailing Address
~~C/O GELFMAN 1511 PASSION VINE CIRCLE WESTON FL 33326~~	~~C/O GELFMAN 1511 PASSION VINE CIRCLE WESTON FL 33326~~

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2520 Jardin Dr.	2520 Jardin Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston, Florida	City & State: Weston, Florida
Zip: 33327 Country: USA	Zip: 33327 Country: USA

4. FEI Number: 20-3422882 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~GELFMAN, BERNARD~~ ~~1511 PASSION VINE CIRCLE~~ ~~WESTON FL 33326~~	Name: Sheila Pacinelli Street Address (P.O. Box Number is Not Acceptable): 2520 Jardin Dr. City: Weston, Fl. FL Zip Code: 33327

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: Sheila Pacinelli 4-12-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ~~GELFMAN, BERNARD~~ ~~1511 PASSION VINE CIRCLE~~ ~~WESTON FL 33326~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GELFMAN-SZABO, RHONDA 1511 PASSION VINE CIRCLE WESTON FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PACINELLI, SHEILA 1511 PASSION VINE CIRCLE WESTON FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Sheila Pacinelli 4-12-08 954-349-0707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #