2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9600000681							٠		Ġ.
1. Entity Name LBD ENTERPRISES, L.C.				FILED					3
				_	01 JAN 25	AM O			
	ce of Business	Mailing Address							
7504 HOSFORD HIGHWAY 7504 HOSFORD HIGHWAY OUINCY FL 32351 OUINCY FL 32351				1	SECRETAR ALLAHASS	Y OF ST	ATE		
301101 12 0			110011011	## 1981 #88 ##8 ##8 心性で好はなり		RIDA	1818) 218) 1881		
the second secon				<u>ـــ</u> ــــــ ـــــــ <u>ـــــــــــــــــ</u>					
2. Principal Place of Business 7504 Hostard Ltwy 3. Mailing Address 7504 Hostard Ltwy Suite, Apt. #, etc. Suite, Apt. #, etc.			Fort Hury		010 18118 BJ111 B0111 P0(1	00111 80111 8011			
oute, Apt.	. ** , 610. *			DO NOT WRITE	IN THIS SP	ACE	•		
	Ncy, Flz.	21a	4. FEI Number 59-3400021 Applied For Not Applicable						
Zip 32:	351 Counts A	32351	Country 5 A		f Status Desired	L Fe	5.00 Add e Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name									
LEWIS & WHITE L.C.				ress (P.O. Box Number is Not Acceptable)					
216 W. COLLEGE AVE.				(I.O. Box Northbol	13 Not Acceptable)				-
SUITE 201 TALLAHASSEE FL 32301									1
IALLAHASSEE PL 32301			City			FL	Zip Cod	e	
8. The above	e named entity submits this statement for	the purpose of changing its re	gistered office or registe	ered agent, or both,	in the State of Flori	da.			
SIGNATURE								~	
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: R	egistered Agent signature require	ed when reinstating)		DATE	•		$\left\{ \right.$
		[VIII=FEE-IS-\$50:00		· 			ومين سندور د	
ě		Make Check Paya	ble to Department	of State					
9.	MANAGING MEMBER		10.		ADDITIONS/0	HANGES			1
TITLE NAME	MGR Lee, robert f	☐ Delete	TITLE NAME				Change	☐ Addition	1/00
STREET ADDRESS	7504 HOSFORD HIGHWAY		STREET ADDRESS						5
City-St-ZIP	QUINCY FL 32351		CITY-ST-ZIP						2E083 (11/00)
TITLE		☐ Delete	TITLE				Change	Addition	CR
NAME STREET ADDRESS		(NAME STREET ADDRESS						
CITY-ST-ZIP		`	CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS]
CITY-ST-ZIP			CITY-ST-ZIP	30	00036	n18	<u> </u>	3	
TITLE		Delete	TITLE		-01/30/9			Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		******5).88 *	****5	0.00	:a .
CITY-ST-ZIP			CITY-ST-ZIP						·
TITLE	المستوية ويالت بالمسيد مستور الساور	- Delete	TITLE		الماسين المناسب		Change	☐ Addition	-
NAME STREET ADDRESS	•		NAME STREET ADDRESS						
CITY-ST-ZIP	1		CITY-ST-ZIP	·					
TITLE	V=	☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS	YF.		NAME STREET ADDRESS		•				
CITY-ST-ZIP	<u>.</u>		CITY-ST-ZIP	•	٠				
11. I hereby o	certify that the information sumplied with the	nis filing does not qualify for the	e exemption stated in S	ection 119.07(3)(i),	Florida Statutes. I f	urther certify	that the in	formation	
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.									
		DE SESSIONE	Turk	1.	00 01	0.0		100	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #									