

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 MAY 11 PM 2:35

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000001724**

**L & R PARTNERS LLC**  
**1221 BRICKELL AVE., SUITE 1100**  
**MIAMI FL 33131**

1a. Principal Place of Business Address

**1221 BRICKELL AVE., SUITE 11**  
**MIAMI FL 33131**

2. Principal Place of Business

Suite, Apt #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt #, etc.

City & State

Zip

Country

3. Date Organized or Qualified

**09/04/1998**

4. FEI Number

**65-0861112**

5. Date of Last Report

3a. State of Formation

**FL**

☐ Applied For

☐ Not Applicable

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

**AGRAMUNT, LUIS**  
**1221 BRICKELL AVE., SUITE 1100**  
**MIAMI FL 33131**

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt #, etc.

City

Zip Code

**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

**MGR AGRAMUNT, LUIS**

**1221 BRICKELL AVE., SUITE**

**MIAMI FL**

**MGR YAKER, REBECCA F**

**1221 BRICKELL AVE., SUITE**

**MIAMI FL**

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\*\*\*\*188.75 \*\*\*\*188.75

dec

11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE APPLIED TO: ANNUAL REPORT OF LIMITED LIABILITY COMPANY

**LUIS AGRAMUNT**

4-28-95

305-373-5802