

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002051

FILED
Apr 26, 2004
Secretary of State

Entity Name: L & N HOLDINGS, LLC

Current Principal Place of Business:

1701 E. ATLANTIC BLVD. #5
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

1701 E. ATLANTIC BLVD. #5
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 65-0866670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCABE, NANCY RUSSELL
1701 E. ATLANTIC BLVD. #5
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

JONES, LAURIE MANAGER
1701 E. ATLANTIC BLVD. #5
POMPANO BEACH, FL 33060 US

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.

SIGNATURE: LAURIE JONES, MANAGER

04/26/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MCCABE, NANCY R
Address: 1701 E. ATLANTIC BLVD. #5
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGRM () Delete
Name: SMITH, LAURIE J
Address: 1701 E. ATLANTIC BLVD. #5
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: JONES, LAURIE
Address: 1701 E. ATLANTIC BLVD. #5
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LAURIE JONES

MGR.

04/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date