## ,2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900002050  1. Entity Name L & M HOLDINGS LLC						FILED 01 MAY -7 PM 3: 08				
2 3 111 11						SECRETARY	; {	18		
	ee of Business RCHARD ROAD	Mailing Address 2940 OLD ORCHARD ROA DAVIE FL 33328	2940 OLD ORCHARD ROAD			SECRETARY TALLAHASSE	UF STAT	E Da		
DATIL I E 30	aco	DAVIE PE 33320								
2. Principal P	Place of Business	3. Mailing Address	Mailing Address				88		<b>a</b> lial <b>ab</b> li 1 <b>02</b> 1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	6	City & State	lity & State			umber 65-0932743	1		oplied For ot Applicable	
Zip	Country	Zip	Country	,	5. Certif	icate of Status Desired		00 Add	ditional	
	6. Name and Address of Current	Registered Agent			7. Name	and Address of New Reg	istered Agent			
HECHT, A	ALAN R	-	<u> </u> _	Name		•	1 -			
2670 N.E	. 215TH STREET			Street Addres	ss (P.O. Box N	umber is Not Acceptable)	1			
MIAMI FL	33180		_	City	1-0		<u> </u>	in Cod		
8. The above named entity submits this statement for the purpose of changing its registere						a bash is the Ct		ip Code	<del>,</del>	
o. The above	named entity submits this statement to	the purpose of changing its r	registered	onice or regis	stered agent, c	or both, in the State of Florid	a.			
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registered A	gent signature req	uired when reinstatir	·g)	DATE			
		FILE NO Make Check Pay		EE IS \$50.0	1					
	MANAGING MEMOR		<u> </u>				<u> </u>			
9.	MANAGING MEMBE		10.			ADDITIONS/CH				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MONTE, NEALE 2940 OLD ORCHARD ROAD DAVIE FL 33328	∐ Delete		ADDRESS			<u> </u>	Change	Addition	
TITLE	MGR	☐ Delete	CITY-ST TITLE	-217			. (	hange	Addition	
NAME STREET ADDRESS	LOWENSTEIN, DARYL 5428 DUNMORE ROAD		NAME Street A	ADDRESS			:			
CITY-ST-ZIP	WILMINGTON NC 28409		CITY-ST	-ZIP		0000043	4170	<u> </u>	5	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	I .		-06/05/1 *****5(	;• 00.€ • 00.€	hange 冰水水。	JEPAddition 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	i		0.200		hange	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET A				C	hange	☐ Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	ADDRESS			□ C	hange	☐ Addition	
11. I hereby c	ertify that the information supplied with on this report is true and accurate and to allify company or the receiver or trustee.	this filing does not qualify for that my signature shall have the	the exemp	tion stated in	Section 119.0 if made under	7(3)(i), Florida Statutes. I fur oath; that I am a managing	ther certify the member or n	at the in anager	formation of the	

3/20/01 954-915-6)80

Date Daytime Phone #