

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0007203 AF

DOCUMENT # L99000004575

1. Entity Name
L.G. INVESTMENT GROUP, L.C.

00 APR 28 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6530 W ROGERS CIR
SUITE 31
BOCA RATON FL 33487

Mailing Address

6530 W ROGERS CIR
SUITE 31
BOCA RATON FL 33487-2753

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MUM

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0955610

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

LEDER, SEAN M
6530 W ROGERS CIR
SUITE 31
BOCA RATON FL 33487

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME LEDER, SEAN M
STREET ADDRESS 6530 W ROGERS CIR SUITE 31
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ Change ☐ Addition
NAME 400003249764--2
STREET ADDRESS -05/11/00--01128--012
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGRM ☐ Delete
NAME LEDER, TARA B
STREET ADDRESS 6530 W ROGERS CIR SUITE 31
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME LEDER, JOSHUA D
STREET ADDRESS 6530 W ROGERS CIR SUITE 31
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/20/00

561-995-7878

Date

Daytime Phone #

CR2E083 (9/99)