## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900006347  1. Entity Name  LAR MANUFACTURING, L.L.C.					FILED.			
	•				JAN 18 PM 2:53			
Principal Place of Business 4611 - 14TH STREET LUBBOCK TX 79416		Mailing Address 4611 - 14TH STREET LUBBOCK TX 79416-4805		SE TAL	CRETARY OF STATE LAHASSEE, FLORIDA	. 48111 88111 88116 1	in <b>es</b> 11114 <b>s</b>	 
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number   Applied   74 - 2934 799   Not Applied			•
Zip	Country	Zip	Country	y	5. Certificate of Status Desired	<b>\$5</b> .	00 Add Required	litional
	6. Name and Address of Current	Registered Agent		Name .	7. Name and Address of New Re	gistered Ager	it	
WARD, R. CARLTON ESQ. C/O RICHARDS, GILKEY, FITE, ET AL					P.O. Box Number is Not Acceptable)	, ,		
1253 PARK STREET CLEARWATER FL 33755				City		FL	Zip Code	•
8. The above	named entity submits this statement for	r the purpose of changing its	registered	l office or registere	ed agent, or both, in the State of Flor	ida.	-	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered /	Agent signature required	when reinstating)	DATE		<del></del>
		FILE No Make Check Pa		EE IS \$50.00 Department of	f State			
9.	MANAGING MEMBE	ERS/MEMBERS	10.		ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REYNOLDS, RUTLEDGE 4611 - 14TH STREET LUBBOCK TX 79416	□ Celeto	TITLE NAME STREET CITY-S	ADDRESS			Change	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		C Delisto	TITLE NAME STREET CITY-S	ADDRESS	7000031 -01/27/ ******	<b>′</b> 00010:	<b>Game</b> 130 k***5	14 0.00
TITLE NAME STREET ADDRESS	and the second s	Deleto	TITLE	ADDRESS		<u> </u>	Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		Oulerte	CITY-S TITLE NAME STREET	T-ZIP ADDRESS	R		Change	
CITY-8T-ZIP	·	☐ Delete	CITY- S	T-ZIP			Change	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET CITY-S	ADDRESS				
TITLE NAK		☐ Delate	TITLE NAME STREET CITY-S	ADDRESS			Change	Bdditte
11. I hereby of	 certify that the information supplied with on this report is true and accurate and bility company or the regery or prostee	that my signature shall have	r the exem the same i	l ption stated in Se legal effect as if m	nade under oath; that I am a manag	further certify t ing member or	hat the ir manage	iformation r of the

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

14JAN 00 8067990608

Daytime Phone