

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2002 8:00 am**  
**Secretary of State**

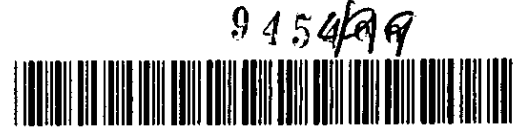
04-25-2002 90006 002 \*\*\*\*55.00

**DOCUMENT # L99000007009**

1. Entity Name  
**L & I HOLDING COMPANY, LLC** ✓

Principal Place of Business Mailing Address  
**1415 E. ROBINSON ST., SUITE D** **1415 E. ROBINSON ST., SUITE D**  
**ORLANDO FL 32801** **ORLANDO FL 32801**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc. **suite B**  
 City & State City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3608379** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**IENNACO, FRANCIS V**  
**1415 E. ROBINSON ST., SUITE D**  
**ORLANDO FL 32801**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**change to suite B**  
 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 *Francis V. Iennaco* **Francis V. Iennaco** **4/18/02**  
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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>IENNACO, FRANCIS V</b> <b>1415 E. ROBINSON ST., SUITE D</b> <b>ORLANDO FL 32801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>suite B</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>LEBLANC, ROBERT P</b> <b>1415 E. ROBINSON ST., SUITE D</b> <b>ORLANDO FL 32801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>suite B</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Francis V. Iennaco* **Francis V. Iennaco** **4/18/02** **407 896 7444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E063 (9/01)