

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90103 030 \*\*\*\*50.00

**DOCUMENT # M00000001614**

1. Entity Name  
**LLR, LLC**



Principal Place of Business  
**2829 LAKELAND DRIVE, SUITE 1502  
JACKSON MS 39208**

Mailing Address  
**2829 LAKELAND DRIVE, SUITE 1502  
JACKSON MS 39208**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0929553**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**\$0.00**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**LAMPTON, ROBERT H  
2829 LAKELAND DRIVE, SUITE 1502  
JACKSON MS 39208** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**10. ADDITIONS/CHANGES**

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)

attachment

90149521

#M00000001614

**WATSON & JERNIGAN, P.A.**

COUNSELLORS AT LAW

J. KEVIN WATSON  
ARTHUR F. JERNIGAN, JR.  
W. ROBERT JONES, III  
F. KEITH BALL  
SAMUEL L. ANDERSON  
WILLIAM W. BUSCHING  
DAVID S. HUMPHREYS  
STACI B. O'NEAL

SUITE 1502 • MIRROR LAKE PLAZA  
2829 LAKELAND DRIVE  
JACKSON, MISSISSIPPI 39232

MAILING ADDRESS:  
P.O. Box 23546  
JACKSON, MS 39225-3546  
TELEPHONE: (601) 939-8900  
FACSIMILE: (601) 932-4400  
www.watsonjernigan.com

August 1, 2003

Uniform Business Report  
Division of Corporations  
Post Office Box 6478  
Tallahassee, FL 32314-6478

**Re: 2003 Uniform Business Report**

Dear Ms. Harris:

Enclosed please find the 2003 Annual Report which is being submitted on behalf of the following corporation, along with a check in the amount of \$50.00 for filing fees:

LLR, LLC

Corporate Id: M00000001614

Tax Identification Number: 64-0929553

If you should have any questions, please give me a call. Thank you for your assistance in this matter.

Sincerely,

WATSON & JERNIGAN, P.A.

*Gena Lawrence*

Gena Lawrence  
Legal Assistant

JKW/ghl  
Enclosure