

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000128

1. Entity Name

LINEBERGER & CO., L.L.C.

Principal Place of Business

1120 BOSTON POST ROAD  
DARIEN CT 06820

Mailing Address

1120 BOSTON POST ROAD  
DARIEN CT 06820

2. Principal Place of Business

140 N.E. 4th Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Zip

Zip

33483

Country

USA

Country

4. FEI Number

22-2865357

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LINEBERGER, JAMES E  
725 PALM TRAIL  
DELRAY BEACH FL 33444

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.

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

TITLE MGR  
NAME LINEBERGER, JAMES E  
STREET ADDRESS 725 PALM TRAIL  
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE MGRM  
NAME LINEBERGER, JAMES E JR  
STREET ADDRESS 76 RELIHAN RD  
CITY-ST-ZIP DARIEN CT 06820

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

FILED  
01 JAN 22 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)