

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90162 014 *****55.00

B0049287

DO NOT WRITE IN THIS SPACE

DOCUMENT # M27000000142

1. Entity Name

LBJ REALTY HOLDINGS, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

148 S. Westgate Ave.

3. Mailing Address

148 S. Westgate Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Los Angeles, CA

City & State

Los Angeles, CA

4. FEI Number

95-3290456

Applied For

Not Applicable

Zip

90049

Country

USA

Zip

90049

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Robert Kraly
 13160 NW 43rd Ave.
 Opa Locka, FL 33054

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

Robert Kraly

(NOTE: Registered Agent signature required when reinstating)

10/1/01

DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE	President	<input type="checkbox"/> Delete
NAME	Larry Blivas	
STREET ADDRESS	148 S. Westgate Ave.	
CITY-ST-ZIP	Los Angeles, CA 90049	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Julie Blivas	
STREET ADDRESS	148 S. Westgate Ave.	
CITY-ST-ZIP	Los Angeles, CA 90049	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Larry Blivas

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

10/1/01

Date

310-345-
 66666

Daytime Phone #

CR2E083 (11/00)