

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001735

1. Entity Name  
LRX GROUP, LLC

Principal Place of Business  
7300 N KENDALL DR., STE 540  
MIAMI FL 33156

Mailing Address  
7300 N KENDALL DR., STE 540  
MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

1320 S. Dixie Highway  
Suite, Apt. #, etc.  
1045

1320 S. Dixie Highway  
Suite, Apt. #, etc.  
1045

City & State  
Coral Gables, FL

City & State  
Coral Gables, FL

Zip Country  
33146 USA

Zip Country  
33146 USA

4. FEI Number 65-0941145

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCUS, ALAN K  
7300 N KENDALL DR., STE 540  
MIAMI FL 33156

Name  
Marcus, Alan K.  
Street Address (P.O. Box Number is Not Acceptable)  
1320 S. Dixie Highway  
Suite 1045  
City Coral Gables FL Zip Code 33146

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME MARCUS, ALAN K  
STREET ADDRESS 7300 N. KENDALL DR., #540  
CITY-ST-ZIP MIAMI FL 33156

TITLE MGR ☐ Change ☐ Addition  
NAME Marcus, Alan K  
STREET ADDRESS 1320 S. Dixie Highway #1045  
CITY-ST-ZIP Coral Gables, FL 33146

TITLE MGR ☐ Delete  
NAME ALLANBERG, HOWARD  
STREET ADDRESS 180 N. STETSON AVENUE, #4300  
CITY-ST-ZIP CHICAGO IL 60601

TITLE ☐ Change ☐ Addition  
NAME 900004190983  
STREET ADDRESS -05/03/01--01083--D02  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR ☐ Delete  
NAME MOONEY, KENNETH A  
STREET ADDRESS 180 N. STETSON AVENUE, #4300  
CITY-ST-ZIP CHICAGO IL 60601

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

TITLE MGR ☐ Delete  
NAME MARCUS, MURRAY  
STREET ADDRESS 7300 N. KENDALL DR., #540  
CITY-ST-ZIP MIAMI FL 33156

TITLE MGR ☐ Change ☐ Addition  
NAME Marcus, Murray  
STREET ADDRESS 1320 S. Dixie Highway #1045  
CITY-ST-ZIP Coral Gables, FL 33146

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Alan K. Marcus*

4/20/01

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

Date

Daytime Phone #

APPROVED  
AND  
FILED

01 APR 26 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)