


FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90141 030 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000037385			
1. Entity Name LGG, INC.			
Principal Place of Business 23 SOUTHEAST 5TH AVENUE DELRAY BEACH, FL 33483		Mailing Address 23 SOUTHEAST 5TH AVENUE DELRAY BEACH, FL 33483	
2. Principal Place of Business 3054 Gulf Stream Rd Suite, Apt. #, etc.		3. Mailing Address 3054 Gulf Stream Rd Suite, Apt. #, etc.	
City & State Gulf Stream, FL		City & State Gulf Stream, FL	
Zip 33483		Zip 33483	
Country USA		Country USA	
4. FEI Number 85-1001310		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURPHY, T N JR. 880 N. FEDERAL HIGHWAY SUITE 410 BOCA RATON, FL 33432		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee applicant. (NOTE: Registered Agent's signature required when changing)</small>			
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOVE, LEIGH 23 SE 6TH AVENUE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOVE, GWEN 23 SE 6TH AVE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		5/1/03 561-704-3669 Date Daytime Phone #	

CFR0304 (1/01/02)