


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 572226 |  |
| 1. Entity Name M.S.L. PROPERTY MANAGEMENT, INC. | |

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|---|---|
| Principal Place of Business 2600 E. COMMERCIAL BLVD. SUITE 200 FT. LAUDERDALE, FL 33308 | Mailing Address 2600 E. COMMERCIAL BLVD. SUITE 200 FT. LAUDERDALE, FL 33308 |
|---|---|

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

| | |
|------------------------------------|---|
| 4. FEI Number 22-2265340 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST SECOND STREET
SUITE 3500
MIAMI, FL 33131**

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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 _____
Signature is typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P LIEBOWITZ, MURRAY 7070 SIENA CT BOCA RATON, FL 33433 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S LIEBOWITZ, SHELDON 2911 NE 47TH ST LIGHTHOUSE POINT, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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02/11/05-80045-015 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **2/7/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #