2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2008

FILED Apr 16, 2008 08:00 Al Secretary of State DOCUMENT # A96000000082 1. Entity Name L & S FAMILY, LTD. Principal Place of Business Mailing Address 5775 WEST HALLANDALE BEACH BLVD. HOLLYWOOD FL 33023 5775 WEST HALLANDALE BEACH BLVD. HOLLYWOOD FL 33023 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/07) City & State City & State 4. FEi Number Applied For 65-0700925 Not Applicable Ζφ Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHN, ALAN B Street Address (P.O. Box Number is Not Acceptable) C/O ABRAMS, ANTON, ROBBINS, RESNICK 2021 TYLER ST. HOLLYWOOD FL 33022 City 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, typed or printed trame of registered agent and title if epolically CATE FILE NOW!!! Fee is \$500. *** After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. DOCUMENT ≱ STREET ADDRESS NAME STANTON, RICHARD STREET ADDRESS 5775 WEST HALLANDALE BEACH BLVD. U00000901603 <u>04/29/08-80074-009</u> 500.00 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33023 DOCUMENT # STREET ADDRESS NAME STANTON, LINDA STREET ADDRESS 5775 WEST HALLANDALE BEACH BLVD. CITY-S1-ZIP CITY-ST-ZIP HOLLYWOOD FL 33023 DOCUMENT ≱ STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report ignition and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trusted enhowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

CHECK HERE

STAPLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTHER

4/11/08

Dare

954-966-8430

Daytime Phone ≢