2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

STREET ADORESS CHY-ST-ZIP

SIGNATURE: _

of the corporation of the receiver or trustee

Mar 29, 2006 08:00 AM **Secretary of State** DOCUMENT # P01000077133 1. Entity Name L & L LAND DEVELOPMENT CORP. Principal Place of Business Mailing Address 4613 N. UNIVERSITY DRIVE 4613 N. UNIVERSITY DRIVE #436 #436 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 03202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1121586 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LAPI, PETER DO NOT WRITE 4613 N. UNIVERSITY DR POMPANO BEACH, FL 33067 IN THIS SPACE 5. 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 name of registered agent and fills if applicable fNOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 13 \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME LAPI, SALVATORE 4613 N. UNIVERSITY DRIVE #436 STREET ADORESS Januari 484691 CORAL SPRINGS, FL 33065 04/12/06-80053-003 150.00 DITY - ST - 21P TITLE LAPI, PETER NAME STREET ADDRESS 4613 N. UNIVERSITY DRIVE #436 CORAL SPRINGS, FL 33065 City-St-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MLE NAME STREET ADDRESS CITY-ST-ZIP 1771.2 NAME STREET ADDRESS CITY-ST-I'P NAME

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

ess, with all other like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGMING OFFICER OR DIRECTOR

FILED