

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90028 045 ***150.00

DOCUMENT # P96000085395
 1. Entity Name
 LL HOLDINGS OF TAMPA, INC.



Principal Place of Business
 6940 LIONS HEAD LANE
 BOCA RATON, FL 33496

Mailing Address
 6940 LIONS HEAD LANE
 BOCA RATON, FL 33496

DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0713699

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEEDS, LEONARD
 6940 LIONS HEAD LANE
 BOCA RATON, FL 33496

MICHAEL LEEDS
 1733 W. FLETCHER AVE
 TAMPA, FL 33612

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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 MICHAEL LEEDS *x mu ll*

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VSTD
NAME	LEEDS, MICHAEL
STREET ADDRESS	1733 WEST FLETCHER AVENUE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	PD
NAME	LEEDS, LEONARD
STREET ADDRESS	6940 LIONS HEAD LANE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(i), 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: Leonard Leeds *Leonard Leeds* *1/2/04* *561-483-6800*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #