

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90042 011 \*\*\*150.00

40052000



03282007 Chg-P CR2E034 (12/06)

DOCUMENT # P99000006261			
1. Entity Name L. L. HOLDINGS, INC.			
Principal Place of Business 802 DRACO DR. BAREFOOT BAY, FL 32976		Mailing Address 802 DRACO DR. BAREFOOT BAY, FL 32976	
2. Principal Place of Business - No P.O. Box # 569 Dolphin Circle Suite, Apt. #, etc.		3. Mailing Address 1601 - 48th Street Suite 150 Suite, Apt. #, etc.	
City & State Micco, FL		City & State West Des Moines, IA	
Zip 32976	Country	Zip 50266	Country
4. FEI Number 59-3552752		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 LASSWELL, LARY 802 DRACO DR. BAREFOOT BAY, FL 32976		7. Name and Address of New Registered Agent Name Lasswell, Lary Street Address (P.O. Box Number is Not Acceptable) 569 Dolphin Circle City Micco FL Zip Code 32976	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 LASSWELL, LARY 802 DRACO DR. BAREFOOT BAY, FL 32976 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lasswell, Lary 569 Dolphin Circle Micco, FL 32976 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Lary Lasswell</i>		4/02/07 712-202-2339	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	