


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90029 039 ***150.00

DOCUMENT # 662656 1. Entity Name L & M REALTY CORP.					
Principal Place of Business 2131 HOLLYWOOD BLVD STE 505 HOLLYWOOD, FL 33020 US			Mailing Address 2131 HOLLYWOOD BLVD STE 505 HOLLYWOOD, FL 33020 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1998873	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MILLER, ROBERT C/O ELLIOT D. STEIN, CPA 2131 HOLLYWOOD BLVD, STE 505 HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 LIERBERMAN, SYLVIA K <input type="checkbox"/> Delete 3503 OAKS WAY, #406 POMPAHO BEACH, FL 33069				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, ROBERT L <input type="checkbox"/> Delete 330 STANDARD BUILDING CLEVELAND, OH 44113				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEIN, ELLIOT D <input type="checkbox"/> Delete 2131 HOLLYWOOD BLVD., #505 HOLLYWOOD, FL 33020				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERMAN, EDWARD M <input type="checkbox"/> Delete 745 FIFTH AVE. NEW YORK, NY 10151				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] <input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, ROBERT L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition % DR ROBERT SAVIN 17201 GRAND BAY DRIVE BOCA RATON, FL 33496				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Sylvia K. Lieberman</u> January 21, 2004 954-979-5475 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01122004 Chg-P CR2E034 (10/03)