2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 662656

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

HOLLYWOOD, FL 33020

BERMAN, EDWARD M

NEW YORK, NY 10151

745 FIFTH AVE.

() Delete

FILED Jan 12, 2009 Secretary of State

Entity Name: L & M REALTY CORP.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
STE 505	YWOOD BLVD OD, FL 33020	US				
Current Mailing Address:			New Mailing Address:			
STE 505	YWOOD BLVD OOD, FL 33020	US				
FEI Number:	59-1998873	FEI Number Applied For ()	El Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
2131 HOLL HOLLYWC	T D. STEIN, CP. LYWOOD BLVD, OOD, FL 33020 named entity su	, STE 505 US	pose of changing it	ts registered o	office or registered agent, or both,	
SIGNATUR						
Electronic Signature of Registered Agent				Date		
Election Can	npaign Financing 1	rust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () D LIERBERMAN, S\ 3503 OAKS WAY POMPANO BEAC	/LVIA K , #406	Title: Name: Address: City-St-Zip:	LIERBERMAN,	00 PACES WALK SE #4406	
Title: Name: Address: City-St-Zip:	V () D MILLER, ROBER 17201 GRAND BA BOCA RATON, FL	ΓL, YY DRIVE	Title: Name: Address: City-St-Zip:	MILLER, ROBE 104 OLIVERA		
Title: Name: Address:	V () D STEIN, ELLIOT D 2131 HOLLYWOO		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SYLVIA LIEBERMAN PRES 01/12/2009

(X) Change () Addition

BERMAN, EDWARD M

50 MAIN STREET, SUITE 1000

WHITE PLAINS, NY 10606