2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708071

FILED Jan 28, 2005 Secretary of State

Littly Hair	ie: 915 LENO)	K, INC., A CONDOMINIUM		
Current Pr	incipal Place o	of Business:	New Principal Place	of Business:
915 LENOX APT 206		110		
	CH, FL 33139	US	Navy Mailin w Address	
Current Ma	ailing Address	:	New Mailing Address	5 :
915 LENOX APT 206 MIAMI BEA	(AVE. CH, FL 33139	US		
FEI Number:	59-2491461	FEI Number Applied For () FEI Number	mber Not Applicable()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
MCLAUGHI 915 LENOX				
MIAMI BEA	CH, FL 33139	US		
	named entity su	US bmits this statement for the purpose of	of changing its registered	d office or registered agent, or both,
The above i	named entity su of Florida.		of changing its registered	d office or registered agent, or both,
The above in the State	named entity su of Florida. E:		of changing its registered	d office or registered agent, or both, Date
The above in the State	named entity su of Florida. E:	bmits this statement for the purpose of Signature of Registered Agent		
The above in the State	named entity su of Florida. E: Electronic	bmits this statement for the purpose of Signature of Registered Agent ORS: Delete BTEN #206		Date
The above in the State SIGNATUR OFFICERS Title: Name: Address:	named entity su of Florida. E: Electronic AND DIRECTO TD () D LACHANCE, KRIS 915 LENOX AVE MIAMI BEACH, FI	Signature of Registered Agent ORS: Delete STEN #206 L 33139 Delete JANDO, #102	ADDITIONS/CHANGE Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTEN LACHANCE TD 01/28/2005