2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

FBE

CHECK

SIGNATURE:

May 05, 2005 08:00 AM Secretary of State DOCUMENT # A9600000082 1. Entity Name L & S FAMILY, LTD. Principal Place of Business Mailing Address 5775 WEST HALLANDALE BEACH BLVD. 5775 WEST HALLANDALE BEACH BLVD. HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 65-0700925 |Not Applicab! Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHN, ALAN B Street Address (P.O. Box Number is Not Acceptable) C/O ABRAMS, ANTON, ROBBINS, RESNICK 2021 TYLER ST. HOLLYWOOD FL 33022 City Zip Code 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, typed or printed name of registered agent and title if applicable See Block 11 instructions for fee info. DATE 10. Amount of Capital Contributions 1,000,000.00 9. Capital Contributions \$1,000,000,00 as Shown on record. in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS MARAE STANTON, RICHARD STREET ADDRESS 5775 WEST HALLANDALE BEACH BLVD. CITY-ST-ZIP CRY-ST-76 HOLLYWOOD FL 33023 U0000361485 DOCUMENT # 05/05/05-80075-011 526.25 STREET ADDRESS NAME STANTON, LINDA STREET ADDRESS 5775 WEST HALLANDALE BEACH BLVD. CITY - ST- ZIP CITY - ST - ZIP HOLLYWOOD FL 33023 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-7R CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SI-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS STREET ADORESS CITY ST-ZIP CUTY - ST - 70P DOCUMENT # 3 I HEF LADORESS NAME STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

RICHARD D. STANTON

FILED

4/21/05

954-894-2999