

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

001146

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90095 044 \*\*\*150.00

DOCUMENT # F95000000520

1. Corporation Name LS3P ASSOCIATES LTD. CORPORATION

Principal Place of Business 24 NORTH MARKET ST CHARLESTON SC 29401 Mailing Address 24 NORTH MARKET ST CHARLESTON SC 29401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/31/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				57-0475651	
22. City & State		27. City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip Country		28. Zip Country		6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country		29. Zip Country		8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Richard L Powell* (NOTE: Registered Agent signature required when reinstating) DATE: 3/29/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COBD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, FRANK E FAIA	1.2 NAME	
STREET ADDRESS	24 NORTH MARKET STREET, SUITE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC 29401	1.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNEY, THOMPSON E FAIA	2.2 NAME	
STREET ADDRESS	24 NORTH MARKET STREET, SUITE 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC 29401	2.4 CITY-ST-ZIP	
TITLE	ESD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCULLIS, VITO R AIA	3.2 NAME	
STREET ADDRESS	24 NORTH MARKET STREET, SUITE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC 29401	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, RICHARD L AIA	4.2 NAME	
STREET ADDRESS	24 NORTH MARKET STREET, SUITE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC 29401	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AICHELE, ERIC C AIA	5.2 NAME	
STREET ADDRESS	24 NORTH MARKET STREET, SUITE 300	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC 29401	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, MARK L ASLA	6.2 NAME	
STREET ADDRESS	24 NORTH MARKET STREET, SUITE 300	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC 29401	6.4 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vito R Pascullis* REQUIRED DATE: 3/29/99 DAYTIME PHONE #: 843-577-4444

CR2E034 (1/198)