

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

FILED

Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000005676 (8)**

1. Corporation Name

LL PARTNERS, INC. OF NEVADA

Principal Place of Business

**700 N.W. 107TH AVENUE
MIAMI FL 33172**

Mailing Address

**700 N.W. 107TH AVENUE
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1997

4. FEI Number

APPLIED FOR 91-1869823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**WATSKY, MORRIS J
700 N.W. 107TH AVENUE
MIAMI FL 33172**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **CDS**
STREET ADDRESS **BOYDSTON, CORY J**
CITY-ST-ZIP **700 N.W. 107TH AVE
MIAMI FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SHEVORY, MARK A**
CITY-ST-ZIP **8190 STATE ROAD 84
DAVIE FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **KRASNOFF, JEFFREY P**
CITY-ST-ZIP **760 NW 107TH AVE STE 100
MIAMI FL**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **RUBIN, SHELLY**
CITY-ST-ZIP **760 NW 107TH AVE STE 100
MIAMI FL**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **MALCOLM, WAINWRIGHT**
CITY-ST-ZIP **700 NW 107TH AVE
MIAMI FL**

TITLE ☐ DELETE
NAME **AS**
STREET ADDRESS **SANTAELLA, GRACE**
CITY-ST-ZIP **700 NW 107TH AVE
MIAMI FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☒ Addition
Cook, Charles
700 N.W. 107 Ave.
Miami, FL 33172

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition
D
Rubin, Shelly
700 N.W. 107 Ave.
Miami, FL 33172

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

Grace Santaella

Grace Santaella

1/8/98

(305)
229-6400

CR2E034 (10/97)