

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G31224

Entity Name: L. L. TRUST, INC.

FILED
Jul 07, 2005
Secretary of State

Current Principal Place of Business:

312 NINTH ST.
WEST PALM BCH., FL 33401

New Principal Place of Business:

Current Mailing Address:

312 NINTH ST.
WEST PALM BCH., FL 33401

New Mailing Address:

FEI Number: 58-1509814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKS, RAE
312-NINTH ST.
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: HOWARD, LESLIE BURR,
Address: 12 BURR FARM ROAD
City-St-Zip: WESTPORT, CT 06880

Title: VS () Delete
Name: LUSH, WILHELMINA E.,
Address: 12 BURR FARM ROAD
City-St-Zip: WESTPORT, CT 06880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAE FRANKS, ESQUIRE

RA

07/07/2005

Electronic Signature of Signing Officer or Director

Date