

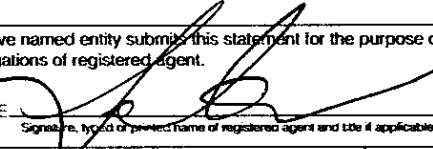
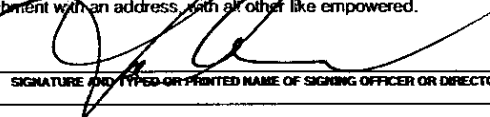


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # H40136 1. Entity Name L & T PROPERTIES, INC.			<div style="text-align: right; font-size: 24px; font-weight: bold;">FILED</div> <div style="text-align: right; font-size: 18px;">04 SEP 20 PM 1:58</div> <div style="text-align: right; font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: center; margin-top: 10px;">  </div>
Principal Place of Business % EDWARD L. HIETT 3255 E. GULF TO LAKE HWY INVERNESS, FL 34452 US		Mailing Address PO BOX 310 3255 E. GULF TO LAKE HWY INVERNESS, FL 34451 US	
2. Principal Place of Business c/o John F. Wheeler		3. Mailing Address P. O. Box 310	
Suite, Apt. #, etc. 3255 E Gulf to Lake Hwy.		Suite, Apt. #, etc.	
City & State Inverness, FL 34453		City & State Inverness, FL	
4. FEI Number 59-2486671	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HIETT, EDWARD L. 3255 E. GULF TO LAKE HWY. P.O. BOX 310 INVERNESS, FL 32651-0310		7. Name and Address of New Registered Agent Name John F. Wheeler Street Address (P.O. Box Number is Not Acceptable) 3255 E Gulf to Lake Highway City Inverness FL 34453	
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.			
SIGNATURE: 		DATE: 9/15/02	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent Signature required when reinstating)	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIETT, EDWARD L. <input checked="" type="checkbox"/> Delete 6401 LAKESIDE DR HERNANDO, FL 34442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD; STD Wheeler, John F <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3255 E. Gulf to Lake Highway Inverness, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HIETT, EDWARD L. <input checked="" type="checkbox"/> Delete 6401 LAKESIDE DR HERNANDO, FL 34442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 9/15/02	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	