2002 UNIFORM BUSINESS REPORT (UBR)

L & LINVESTMENT PROPERTIES, INC. 03-22-2002 90045 042 *** \$ 10 00 Principal Place of Business (200 13th ST E 8005 15th ST E	DOCUMENT # H45898 1. Entity Name						Secretary of State			
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Surie, Apr. #, etc. Surie, Ap	Principal Place of Business 6035 15TH ST E BRADENTON FL 34203 US		6035 15TH ST E BRADENTON FL 34203						1811 B1811 1881	
City & State Country	2. Principal Place of Business		3. Mailing Address				-{			
SP Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Addition	Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agert 7. Name and Address of New Registered Agert EURICE; LOUIS F. 6035 15TH ST. E. BRADENTON FL 34203 City FL Zip Code City FL 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. SIGNATURE Fgruites, hipsel or present name of registered agent and too if approaches. FFL Zip Code FL	City & State		City & State			4.	FEI Number 59-2504082			
RURICE, LOUIS F. 8035 15TH ST. E. BRADENTON FL 34203 City FL 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. SIGNATURE Signature Signat	Zip	Country	Zip	Cour	ntry	5.	Certificate of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL 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 Forida. SIGNATURE Signus As typed to present ones or registered agent, or both, in the State of Forida. SIGNATURE Signus composition is eligible to satisfy its Intangible Tax Hing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550,00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$150,00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$150,00 Make Check Payable to Department of State FUNDED TO STATE THOUGHTS TO STREET ADDRESS TO STREET ADD		6. Name and Address of Current	Registered Agent		Name	7.	Name and Address of New Registered	Agent		
### RADENTON FL 34203 City FL Zip Code	- FURICE-LOUIS F									
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE	-			Street Address			P.O. Box Number is Not Acceptable)			
B. 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 Signature, types or present name of registered agent and life of applicable. P. Ziris corporation is eligible to satisfy its Intangible Tax Hing requirement and elects to do so. (See criteria on back) CIPY TO OFFICERS AND DIRECTORS 11.5* OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.6* OFFICERS AND DIRECTORS IN 11 TITLE DP CIRY ST- ZIP BRADENTON FL 34203 ITILE DST LEURICE, LOUIS F. SIREET ADDRESS CIRY-ST- ZIP BRADENTON FL 34203 ITILE DST LEURICE, LOUIS F. SIREET ADDRESS CIRY-ST- ZIP CIRY-ST- ZIP CHANGE BRADENTON FL 34203 CIRY-ST- ZIP CHANGE Delete TITLE DST MAME BRADENTON FL 34203 CIRY-ST- ZIP CHange Addition MAME SIREET ADDRESS CIRY-ST- ZIP HARRISON, LARRY R. SIREET ADDRESS CIRY-ST- ZIP BRADENTON FL 34203 CIRY-ST- ZIP CHANGE BRADENTON FL 34203 CIRY-ST- ZIP CHANGE SIREET ADDRESS CIRY-ST- ZIP Delete TITLE D CHange Addition Addition NAME SIREET ADDRESS CIRY-ST- ZIP CHANGE Addition Addi	BRADENTO	ON FL 34203								
SIGNATURE Signature, hypod or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when rematation) DATE					City		F	Zip Cod	e	
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.