2008 FOR PROFIT CORPORATION

FILED Apr 17, 2008 08:00 A ate

ANNUAL REPORT			Secretary of Sta			
DOCUMENT # K49934				۵	ecreta	ry or Sta
Entity Name C.L.L. PROPERTIES, INC.						
Principal Place of Business	Mailing Address					
72 CANFIELD ST.	72 CANFIELD ST.					
S. DARTMOUTH, MA 02748	S. DARTMOUTH, MA 02748		LIGORIO DA	. alātā: lutiā lainā: 1016 Blu	ı bibli bibli bibli Cisti B	:: (4)
DO NOT WRITE IN THIS SPACE						
			03072008	No Chg-P	CR2E034 (11	Applied For
			4. FEI Numb 62-137			Not Applicable
			5. Certificate	of Status Desired		5 Additional equired
6. Name and Address of Current R	egistered Agent	1	<u>. </u>			· · · · · · · · · · · · · · · · · · ·
YAGER, BILL 1398 RAVIDA WOODS DRIVE SUITE A-14			חח	NOT W	RITE	
			IN THIS SPACE			
APOPKA, FL 32708			IIN	1 HIO OF	ACE	
		<u> </u>		3 / FI		
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its registe	red office or registe	red agent, or bo	oth, in the State of Hi	orida. Tam tamilia	ir with, and accept
SIGNATURE					DATE	
Signature Typed or printed name of registered agent as	nd title if applicable (NOTE Register	red Agent signature require	d when reinstating)			
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			.00 May Be ded to Fees			
10. OFFICERS AND D	DIRECTORS					
LAWRENCE, JAMES D.				U00000: -05/01/08	904544	
STREET ADDRESS 72 CANFIELD ST.		1		U5/U] /U8~:	80017-004	150.00
TITLE T						
NAME LAWRENCE, BARBARA F. STREET ADDRESS 72 CANFIELD ST.	1					
CITY-SI-ZIP S. DARTMOUTH, MA		_}				
ITITLE NAME		1				
STREET ADDRESS CUTY-SI-ZIP			DO	NOT W	RITE	
TITLE		-1	INI	THIS SI	PACE	
NAME DESCRIPTION OF THE PROPERTY AND PROPERT			114	11110 0	70L	
STREET ADDRESS CITY-ST-ZIP						
TITLE						
NAME STREET ADDRESS						
CITY-ST-ZIP						
TITLE	•					
STREET ADDRESS CITY-SI-ZIP						

12. I hereby certify that the information supplied with this biling does not qualify for the exemptions contained in Chapter 119, 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.

TAMES LAWRENCE SIGNATURE AND TYPED OR PRINTED HAS SIGNING OFFICER OF DIRECTOR