


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000019660 1. Entity Name ST. LAWRENCE LOTS, LLC	
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Principal Place of Business 110 NE TWYLITE TERRACE PORT ST. LUCIE, FL 34983	Mailing Address 110 NE TWYLITE TERRACE PORT ST. LUCIE, FL 34983
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DO NOT WRITE IN THIS SPACE



02052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0103434	Applied For Not Applicable
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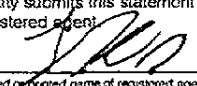
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

KABINOFF, LARRY S
110 NE TWYLITE TERRACE
PORT ST. LUCIE, FL 34983

**DO NOT WRITE
IN THIS SPACE**

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restoring)

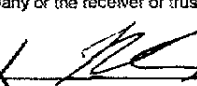
**Filing Fee is \$50.00
Due by May 1, 2004**

000000044634
02/11/04-80028-021 150.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KABINOFF, LARRY 110 NE TWYLITE TERR. PORT ST. LUCIE, FL 34983
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE