

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026527

Entity Name: L&N 1031 LLC

FILED
Mar 30, 2005
Secretary of State

Current Principal Place of Business:

ONE BISCAYNE TOWER, SUITE 3550
TWO SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

ONE BISCAYNE TOWER, SUITE 3550
TWO SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131

New Mailing Address:

FEI Number: 59-2095332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMONT & NEIMAN, P.A.
ONE BISCAYNE TOWER, 3550
TWO SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LAMONT NEIMAN INTERIAN & BELLET, P.A.
ONE BISCAYNE TOWER, 3550
TWO SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131 US

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: ROBERT S. LAMONT, PRESIDENT

03/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LAMONT & NEIMAN, P.A. .
Address: TWO SOUTH BISCAYNE BLVD, #3550
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LAMONT NEIMAN INTERI, AN & BELLET, P . A.
Address: TWO SOUTH BISCAYNE BLVD, #3550
City-St-Zip: MIAMI, FL 33131 US

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 is true and accurate and that my electronic 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: ROBERT S. LAMONT, PRESIDENT LAMONT NEIMAN

MNGR

03/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date