


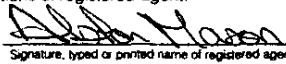

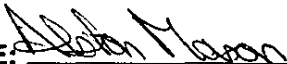

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**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

2004 FEB 25 AM 4:52

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000032059			
1. Entity Name LN ESTATES LLC			
Principal Place of Business 58 Key West CT Weston, FL 33326		Mailing Address 318 Indian Trnce Suite 721 Weston, FL 33326	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name AISTON J. MASON	
		Street Address (P.O. Box Number is Not Acceptable)	
		58 Key West CT.	
		City WESTON FL Zip Code 33326	
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 		ALSTON MASON, mgrm 	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	mgrm ALSTON J. MASON 58 Key West Ct., Weston, FL 33326 <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
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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.		REINSTATEMENT 2003-04	
SIGNATURE: 		ALSTON MASON, mangsing member 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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Joel Friend & Associates, Inc.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CONFIDENTIAL

February 21, 2004

Reinstatement Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: **LN ESTATES LLC**
Charter# L02000032059

To Whom It May Concern:

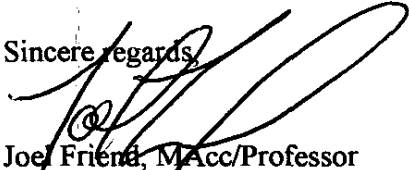
The taxpayer and I respectfully request that the State of Florida abate the reinstatement fees associated with this late filing. Mr. Alston Mason has recently retained my firm to handle his corporate accounting and tax service. I notified the taxpayer that their annual Uniform Business Report for the year of 2003 was not timely filed. LNESTATES LLC informed me that 1) they had no recollection of any annual report-filing requirement and 2) they received no notification regarding such annual filing. LNESTATES LLC is deeply sorrowful and asks of your consideration in accepting their apology.

I stressed the importance of this annual filing and made my client aware of its purposes. Now that the taxpayer is mindful of this required annual filing, taxpayer will file on a timely basis.

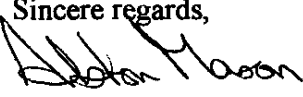
Enclosed you will find the taxpayer's payment of \$110.00 for their 2003 and 2004 Uniform Business Reports. Under these circumstances, we once again respectfully request that you abate any reinstatement fees. My client fully intends to keep this corporation active. If you should have any questions please contact me directly. I would like to thank you in advance for your attention to this matter.

If you have any questions or would like further explanation or documentation please do not hesitate phone me @ 954-704-1040 or 954-682-1120.

Sincere regards,


Joel Friend, MAcc/Professor
Joel Friend & Associates, Inc.

Sincere regards,


Alston Mason, Managing Member
LNESTATES LLC

www.joelfriend.com
20871 Johnson Street, Suite 103
Pembroke Pines, Florida 33029
Tel: 954-704-1040 • Fax: 954-919-7001

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