## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 07, 2005 08:00 AM **DOCUMENT # L02000032603 Secretary of State** L & P PROPERTIES, LLC Principal Place of Business Mailing Address 1196 NW 23 AVE. 1196 NW 23 AVE FORT LAUDERDALE, FL 33311 FORT LAUDERDALE, FL 33311 CR2E083 (10/03) 01052005No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3727311 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GIACIN, PAGE A 1196 NW 23 AVE. FORT LAUDERDALE, FL 33311 IN THIS SPACE 1. 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MM F MGRM GIACIN, LAWRENCE G NAME 1196 NW 23 AVE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33311 U00000174505 MGRM 01/10/05-80013-011 50.00 GIACIN, PAGE A MARKE STREET ADDRESS 1196 NW 23 AVE CATY-ST-ZIP FORT LAUDERDALE, FL 33311 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 appropriate 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:

NAME STREET ADDRESS CITY-ST-ZIP TITE NAME STREET ADDRESS CITY-ST-ZIP

AGING MEMBER, OR AUTHORIZED REPRESENTATIV