


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90105 034 ****50.00

DOCUMENT # L03000034351		
1. Entity Name L, L & L PROPERTY, LLC		

Principal Place of Business 1300 A1A OCEAN WAY APARTMENT 411 JUPITER, FL 33477 US	Mailing Address 1300 A1A OCEAN WAY APARTMENT 411 JUPITER, FL 33477 US
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2. Principal Place of Business 1300 A1A OCEAN WAY		3. Mailing Address 1300 A1A OCEAN WAY	
Suite, Apt. #, etc. APT # 411		Suite, Apt. #, etc. APT # 411	
City & State JUPITER FL.		City & State JUPITER, FL.	
Zip 33477	Country USA	Zip 33477	Country US



08112005 Chg-LLC CR2E083 (10/03)

4. FEI Number APPLIED FOR	Applied For <input checked="" type="checkbox"/> 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 CAROTHERS, BARRY D 4400 PGA BOULEVARD SUITE 800 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIELE, LAWRENCE 1300 A1A OCEAN WAY, APT. 213 JUPITER, FL 33477 <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.

SIGNATURE: Lawrence Miele LAWRENCE MIELE 8-12-05 561-575-3237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #