


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90019 014 ****50.00

DOCUMENT # L04000068258	
1. Entity Name L & S VENTURES, LLC	

Principal Place of Business 45 HANOVER AVENUE STATEN ISLAND NY 10309	Mailing Address 45 HANOVER AVENUE STATEN ISLAND NY 10309
<i>NOTE CHANGES BELOW ADDRESS ONLY</i>	

2. Principal Place of Business 995 Marcel Rd. Baldwin, NY 11510-5040	3. Mailing Address 995 Marcel Rd. Baldwin, NY 11510-5040
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City & State FL	City & State FL
Zip 33415	Zip 33415
Country USA	Country USA


1st MOORE CR2E083 (10/04)

4. FEI Number 20-1654906	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KRAMER, FREDERICK C 950 NORTH COLLIER BOULEVARD SUITE 201 MARCO ISLAND FL 34145	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM EMIL BOCCIO 995 MARCEL ROAD BALDWIN, NY 11510	
MGRM JOHN ADDARIO 17 KNOWLES LANE MANHASSET NY 11030	
MGRM JOHN GURRIEN 2757 AVENUE S BROOKLYN NY 11229	
MGRM ANTHONY MATTEO 162-19 91ST HOWARD BEACH NY 11414	
MGRM FRANK CITRIZ 45 HANOVER AVENUE STATEN ISLAND, NY 10309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 2/21/05	Daytime Phone #: 516-377-9827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		