## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L04000068258

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

1. Entity Name		Secretary		<b>,</b>	
L & S VENTURES, LLC		03-01-2005 90019	014 ****50.00		
·					
Principal Place of Business Mailing Address		1			
45 HANOVER AVENUE 45 HANOVER AVENUE					
STATEN ISLAND NY 10309 STATEN ISLAND NY 103	309				
NOTE CHANGES BELOW ADDRE	IS ONLY		) 65H2 EH21 (2H2 1188) BHE 1818	A	
Principal Place of Business     3. Mailing Address					
		HARMAN AND AND AND AND AND AND AND AND AND A			
995 Marcel Rd. 995 Marcel Rd. 995 Marcel Rd. 4 Baldwin, NY 11510-5040 Baldwin, NY 11510-5040		1st MOORE C	CR2E083 (10/04)		
中の大きの後の後の本の本の本の本名 <u>                                      </u>			· · · · · · · · · · · · · · · · · · ·		
City & State		4. FEI Number 654906	)	olied For	
7.	Country	20-/63//08		Applicable	
Zip Country Zip	NASSAU =	5. Certificate of Status Desired	□ \$5.00 Addit		
6. Name and Address of Current Registered Agent	- 20,52	7. Name and Address of New Reg	istered Agent		
	Name	_	<del>-</del>		
KRAMER, FREDERICK C	Street Address /	Street Address (P.O. Box Number is Not Acceptable)			
950 NORTH COLLIER BOULEVARD					
SUITE 201 MARCO ISLAND FL 34145					
	City		- Zip Code		
<ol><li>The above named entity submits this statement for the purpose of changing its re the obligations of registered agent.</li></ol>	egistered office or registe	red agent, or both, in the State of Floric	ıa. Tam familiar With, a	ала ассері	
and danigation of register of aggs.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE)	Registered Agent signature require	d when reinstating)	DATE		
FILE NO	W!!! FEE IS \$50.00	745.85 SS		1-1-1-1	
Make Check Payable		int of State			
1	By May 1, 2005				
9. MANAGING MEMBERS/MANAGERS	10.	ADDITIONS/CI	HANGES		
TITLE M6RM Delete	THTLE		☐ Change	Addition	
NAME EMILBOCCIO STREET ADDRESS 995 MARCELROAD	NAME				
	STREET ADDRESS				
CITY-ST-ZIP BALDWIN NY. 1/510	CITY-ST-ZIP				
TILE Delete	TITLE		☐ Change	Addition	
SIREL ADDRESS JOHN ADDARIC	NAME STREET ADDRESS				
NAME SIREELADDRESS JOHN ADDARIC CITY-SI-ZIP MANHASSET NY. 11030	CITY+ST-ZIP	7			
TITLE MGRM Detete	TITLE		Change	Addition	
NAME TALLA GURRIEN	NAME				
STREET ADDRESS 2737 AUENUES	STREET ADDRESS 4	-	~ -		
CITY-ST-ZIP BROOKLYN NY 1/229	CITY-ST-ZIP				
TITLE MERM Delete	TITLE		Change	Addition	
NAME. ANTHONY MATTER	NAME				
CITY-ST-ZIP HOWARD REACH NY 11414	STREET ADDRESS CITY+ST-ZIP				
110017-09 13/01/01/11/11/11	TITLE		☐ Change	Addition	
NAME FORMA CITTERA	NAME				
STREET ADDRESS US HANGUEN AVENUE	STREET ADDRESS	•			
CITY-ST-ZIP STATEN FICAND N.V. 10205	CITY-S1-ZIP				
TITLE Delete	TITLE		C@ange	Addition	
NAME	NAME	•			
STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP	_111	Continue 110 07/3/ii/ Elevide Statutes 14	Lithor cortifications the in	aformation	
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 annager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					