NAME STREET ADDRESS CITY-ST-ZIP

FILED te

ANNUAL REPORT				Jan 28, 2008 08:00	
DOCUMENT # L04000081991 1. Entity Name L AND L ASSOCIATES LLC				Secretary of Sta	
Principal Place of Business Mailing Address 140 STATION ROAD KINGS POINT, NY 11024 Mailing Address 140 STATION ROAD KINGS POINT, NY 11024			 		
DO NOT WRITE IN THIS SPACE			CE	01082008 No Chg-LLC 4. FEI Number 12-8341589 5. Certificate of Status Desired	CR2E083 (12/07) Applied For Not Applicable
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				DO NOT V IN THIS S	
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent as		red office or register		Florida. I am familiar with, and accept
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR SANI, LAL 140 STATION ROAD KINGS POINT, NY 11024	IS/MANAGERS		· · · · · · · · · · · · · · · · · · ·	00800251 8-80010-001 138.75
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE				DO NOT V IN THIS S	

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPROSPRITAT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.