

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067518

Entity Name: LNT PROPERTIES, LLC

FILED  
Apr 13, 2008  
Secretary of State

**Current Principal Place of Business:**

C/O 7000 W. PALMETTO PARK ROAD  
SUITE 310  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 7000 W. PALMETTO PARK ROAD  
SUITE 310  
BOCA RATON, FL 33433 US

**New Mailing Address:**

FEI Number:  FEI Number Applied For ( )  FEI Number Not Applicable (X)  Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MORRIS, STUART R ESQ.  
7000 W. PALMETTO PARK ROAD  
SUITE 310  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: DR  Delete  
Name: LIEBERMAN, ALAN  
Address: 18425 LONG LAKE DRIVE  
City-St-Zip: BOCA RATON, FL 33496 US

**ADDITIONS/CHANGES:**

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

Title: MS.  Delete  
Name: LIEBERMAN, CASSANDRA  
Address: 18425 LONG LAKE DRIVE  
City-St-Zip: BOCA RATON, FL 33496 US

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALAN N LIEBERMAN

DR.

04/13/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date