2005 LIMITED LIABILITY COMPANY

NAME STREET ADDRESS CITY-ST-ZIP

Jan 10, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # M99000000288 1. Entity Name L & C INTERESTS, L.L.C. Principal Place of Business Mailing Address 1 ROYAL 18TH SLIDELL, LA 70458 1 ROYAL 18TH SLIDELL, LA 70458 01062005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 72-1437674 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BOONE, STEPHEN K 1001 AVENIDA DEL CIRCO VENICE, FL 34284 IN THIS SPACE 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9 MGR TITLE UUUQUU 76731 CAPLAN, ROBERT A NAME U1/11/05-80009-013 50.00 3631 CANAL STREET STREET ADDRESS ary-sr-zp NEW ORLEANS, LA 70119 TITLE NAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DOF NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

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