


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90019 024 ****61.25

DOCUMENT # N97000002567	
1. Entity Name LOCAL 780 I.A.T.S.E., INC. LAND CORPORATION	

Principal Place of Business 125 NORTH BREVARD AVENUE COCOA BEACH FL 32931	Mailing Address 125 NORTH BREVARD AVENUE COCOA BEACH FL 32931
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2. Principal Place of Business 125 N. BREVARD AVE.	3. Mailing Address 125 N. BREVARD AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State COCOA BEACH, FL	City & State COCOA BEACH, FL
Zip 32931	Zip 32931
Country	Country



MOORE CR2E037 (11/03)

4. FEI Number 36-2028354	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent YOUNGER, ANDREW 3950 S. BANANA RIVER BLVD. COCOA BEACH FL 32931	7. Name and Address of New Registered Agent Name Andrew Younger Street Address (P.O. Box Number is Not Acceptable) 125 N. Brevard Avenue City Cocoa Beach FL 32931
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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 *Andrew J. Younger* DATE 21 Jan 04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNGER, ANDREW 3950 S. BANANA RIVER BLVD. COCOA BEACH FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Younger, Andrew 125 North Brevard Avenue Cocoa Beach, Florida 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERKOWITZ, PAUL 111 W. JACKSON BLVD. CHICAGO IL 60604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Berkowitz, Paul 123 West Madison Street, Suite 600 Chicago, Illinois 60602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TIBERI, BOB 30 N LASALLE STREET SUITE 4200 CHICAGO IL 60604 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gianneschi, Larry 1942 Hempel Avenue Windermere, Florida 34786 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Andrew J. Younger* 04-01-04 (321) 784-0231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #