

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000009771

FILED
Feb 08, 2007
Secretary of State

Entity Name: L M REAL ESTATE CORPORATION

Current Principal Place of Business:

460 N. VICTORIA PARK ROAD
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

460 N. VICTORIA PARK ROAD
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 43-1958110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHELSON, STUART R ESQUIRE
800 SE 3RD AVENUE
FOURTH FLOOR
FORT LAUDERDALE, FL 33316 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MICHELSON, STUART R ESQ.
Address: 800 SE 3RD AVENUE, 4TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: PD () Delete
Name: LEWIS, CHERYL MS.
Address: 460 N. VICTORIA PARK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART MICHELSON

VD

02/08/2007

Electronic Signature of Signing Officer or Director

Date