2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P02000100512 03-28-2008 90040 004 ***150.00 L & I REAL ESTATE HOLDINGS, INC. Principal Place of Business Mailing Address 3000000 8660 W FLAGLER ST 8660 W FLAGLER ST # 200 # 200 MIAMI, FL 33144 MIAMI, FL 33144 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 11-3653703 Not Applicable Zin Country Country Zio \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEITMAN, LORN Street Address (P.O. Box Number is Not Acceptable) 8660 W FLAGLER ST # 200 MIAMI, FL 33144 Zip Code FI 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Addition TITLE ☐ Change LEITMAN, LORN NAME -NAME STREET ADDRESS 8660 W FLAGLER ST # 200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33144 CITY-ST-ZIP TITLE TD ☐ Delete ☐ Addition TITLE ☐ Change NAME JOSEPH, IRV STREET ADDRESS 19451 NE 17TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33179 CITY-ST-ZIP VD Addition TITLE Delete TITLE ☐ Change WAX, IRWIN NAME STREET ADDRESS 1624 PRESIDENTIAL WAY STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179 CITY-ST-ZIP TITLE **D**elete TITLE ☐ Addition ☐ Change SHUSTAK-WAX, LAURIE NAME NAME STREET ADDRESS 1624 PRESIDENTIAL WAY STREET ADDRESS NORTH MIAMI BEACH, FL 33179 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with apaddress, with all other like empowered.

(e.TM) 3(14/08

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED Mar 28, 2008 8:00 am