2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT							FILER	
DOCUMENT # P03000098379 1. Entity Name							FILED	
LF OPERATING, INC.					2007 OCT 12 AM 8: 01			
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2416 LINCOLN STREET HOLLYWOOD, FL 33020 US 2416 LINCOLN STREET HOLLYWOOD, FL 33020			_		WIGGLE, FLORIDA			IDA
• Dissipal D		Davis 19 Mailing Address						
Principal Place of Business - No P.O. Box # Mailing Address						HEE HILL BUIL BUIL BEH		
Suite, Apt.		Suite, Apt. #, etc.			10082007	Chg-P	CR2E034 (12/06)	
City & Stat	9	City & State			4. FEI Number Applied For 20-0218150 Not Applicable			
Zip	Country Zip Co		Country		5. Certificate of Status Desired See Required Fee Required			
	6. Name and Address	Ne	7. Name and Address of New Registered Agent Name					
STUART, COOPER 511 NE 94TH STREET MIAMI SHORES, FL 33138				Street Address (P.O. Box Number is Not Acceptable)				
WII/WII OI I	ONEO, 1 E 00100					/		
			Cí				FL Zip Co	
	named entity submits this ions of registered agent.	s statement for the purpose of changing it	ts registered of	fice or register	red agent, or both	, in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE.	Signature, typed or printed name of	f registered agent and title if applicable (NC	it signature required	d when reinstating)		DATE		
Am	ended AR is \$61.2	9. Election Camp Trust Fund Cor		☐ Add	.00 May Be led to Fees			
10.		FICERS AND DIRECTORS	11.	150-0			ICERS AND DIRECTOR	
NAME	PD Delete IIIIL FENSTER SMITH, LYNN NAM			DAL	E RAMPI	KUMMUJUI ERSAD	RECION - Change	Addition
STREET ADDRESS CITY-ST-ZIP	2416 LINCOLN STRE HOLLYWOOD, FL 3		STREET ADD	P 73	E RAMPI ISW 13T LAUDERI	HST 43	ı. 33313	
TITLE		☐ Delete	TITLE	- -	LAUUCIÇI	/H9C	☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP	[STREET ADD					
TITLE	·	☐ Delete	TITLE	1			☐ Change	Addition
NAME Street Address			NAME STREET AD	DRESS				
CITY-ST-ZIP	Land About the National Control		CITY-ST-Z		d in Charter 140	Elocido Phatrica - 1	Lituration consists that the	information
indicated of the co	centry that the information I on this report or supplem rporation or the receiver or	supplied with this filling does not qualify tental poor is true and accurate and the state of th	ior the exempt Thy signature : irt as required t	ions contained shall have the by Chapter 60	u in Chapter 119, same legal effect 7, Florida Statules	riorida statutes. I as if made under i ; and that my nam	oath; that I am an office e appears in Block 10	er or director or Block 11 if
changed	, or on an attachment with	can address, with till outer like empowere	d.	,	. / . /	·	Man and A	
SIGNAT	TURE:	AND TYPEDOR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR		0/9/07	Date	154-854-44 Daytme Phone #	96
		///						