


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90008 003 \*\*\*150.00

<b>DOCUMENT # P04000157021</b>	
1. Entity Name LENOX PLACE REALTY, INC.	

Principal Place of Business 21301 POWERLINE RD STE 312 BOCA RATON, FL 33433	Mailing Address PO BOX 11229 KNOXVILLE, TN 37939
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DO NOT WRITE IN THIS SPACE

40060111



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2065782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  WALTERS, CLIFFORD L ESQ 802 11TH STREET WEST BRADENTON, FL 34205	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAO, RAVINCHA 550 MAMORNECK AVE, STE 404 HARRISON, NY 10528	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Bernard H. Kayden 550 Mamaroneck Ave., Suite 404 Harrison, NY 10528	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Steven Levin 925 South Federal Highway, Suite 425 Boca Raton, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 an address with all other like empowered.

<b>SIGNATURE:</b> 	Steven Levin, Vice President	2/14/07	(561) 948-7100
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>