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FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33522
1. Corporation Name
LKE PROPERTIES, INC.



Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 13 RIVERSIDE ROAD		26 13 RIVERSIDE ROAD		4/10/1991	11/22/96
22 90 LIBERTY HOSPITALITY		27 90 LIBERTY HOSPITALITY		4. FEI Number	Applied For
City & State		City & State		04-3101915	Not Applicable
23 WESTON, MA		28 WESTON, MA		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip		Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 02193		25 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
		29 02193		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		30 USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINELLA, SABINO	1.2 NAME	
STREET ADDRESS	800 ATLANTIC AVE.	1.3 STREET ADDRESS	See
CITY-ST-ZIP	BOSTON MA 02210-2210	1.4 CITY-ST-ZIP	
TITLE	CV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, JOHN M	2.2 NAME	Statement
STREET ADDRESS	13 RIVERSIDE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON MA 02193	2.4 CITY-ST-ZIP	(Attached)
TITLE	CS	3.1 TITLE	
NAME	BENNING, JOHN A	3.2 NAME	
STREET ADDRESS	800 ATLANTIC AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02210-2210	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACOY, KAREN K	4.2 NAME	
STREET ADDRESS	13 RIVERSIDE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON MA 02193	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karen K. Lacey 4/24/97 607-891-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0010622

CFR2034 (9/96)

ATTACHMENT TO DOCUMENT # P33522

LRE PROPERTIES, INC.
FEI NUMBER: 04-3101915

ITEM 13:

1.1 TITLE	P / D	CHANGE (1.1)
1.2 NAME	MARINELLA, SABINO	
1.3 ADDRESS	600 ATLANTIC AVE.	
1.4 CITY, ST ZIP	BOSTON, MA 02210-2210	
2.1 TITLE	V / D	CHANGE (2.1)
2.2 NAME	MCCARTHY, JOHN	
2.3 ADDRESS	13 RIVERSIDE ROAD	
2.4 CITY, ST ZIP	WESTON, MA 02193	
3.1 TITLE	S (ASST) / D	CHANGE (3.1)
3.2 NAME	BENNING, JOHN A.	
3.3 ADDRESS	600 ATLANTIC AVE.	
3.4 CITY, ST ZIP	BOSTON, MA 02210-2210	
4.1 TITLE	T	NO CHANGE
4.2 NAME	LACOY, KAREN	
4.3 ADDRESS	13 RIVERSIDE ROAD	
4.4 CITY, ST ZIP	WESTON, MA 02193	
5.1 TITLE	S	ADDITION
5.2 NAME	GILVAR, BARRY	
5.3 ADDRESS	C/O LHG 13 RIVERSIDE ROAD	
5.4 CITY, ST ZIP	WESTON, MA 02193	
6.1 TITLE	D	ADDITION
6.2 NAME	GRUHL, ROBERT	
6.3 ADDRESS	C/O LHG 13 RIVERSIDE ROAD	
6.4 CITY, ST ZIP	WESTON, MA 02193	
7.1 TITLE	D	ADDITION
7.2 NAME	MANSFIELD, CHRIS	
7.3 ADDRESS	C/O LHG 13 RIVERSIDE ROAD	
7.4 CITY, ST ZIP	WESTON, MA 02193	

