## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT #

P33522

1. Corporation Name

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90281 037 \*\*\*158.75

LRI	E Properties, Inc	•								,
Principal Place	o of Ducinous	Mailing Address								
		-								
c/o Li	iberty Hospitalit	y c/o Libe	rty Ho	ospit	talļi	ty				
Group	, Inc.	Group, I	nc.		L		DO NOT W	/RITE IN	THIS SPACE	
13 Riv	verside Rd.	13 River	side 1	Rd.	Γ	3. Date Incorpo	orated or Qualif	ed		
Weston, MA 02493		Weston, MA 02493				4/10/	/1991			
	lace of Business	2a. Mailing Address	<u> </u>		- "	4. FEI Number			Ap	plied For
21		26				04-31	L01915			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_		5 Certificate of	- Status Desired	1 (2)	\$8.75	
22		27							Fee Re	equired
City & State	е	City & State			- }	6. Election Car	mpaign Financii	ng 🖂	\$5.00	Мау Ве
23		28				Trust Fund (	Contribution		Added t	to Fees
Zip	Country	Zip	Country	,		8. This corpora	ation owes the o	urrent yea		
24	25	29	30			Personal Pro	<del></del>		LJ Yes	□No
	9. Name and Address of Current	Registered Agent		T	1	0. Name and	Address of Ne	w Registe	red Agent	
CT Cor	rporation System		81	Name		-				İ
1200 S. Pine Island Road			82	Street	Address	(P.O. Box Num	ber is Not Acce	eptable)		
	ation, FL 33324									
France	2C10H, FB 33324		83	Ì						
			84	City					85 Zip 0	Code .
			07	City				1	FL   "   "   "   "   "   "   "   "   "	bode
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligation	if Florida. Such change was a	uthorized by	the corpo	corporat oration's	ion submits this board of directo	s statement for toors. I hereby ac	he purpos cept the a	e of changing its ppointment as req	registered gistered
SIGNATURE										
	Signature, typed or printed name of registered agent		Registered Agen	nt signature re	required whe		CHANGES TO	DAT		ORS IN 12
12.	OFFICERS AND	DIRECTORS	13.	nt signature re	required whe		CHANGES TO		S AND DIRECTO	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 charged or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)