

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

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

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

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P33522

1. Corporation Name  
**LRE Properties, Inc.**

Principal Place of Business	Mailing Address
c/o Liberty Hospitality Group, Inc. 13 Riverside Rd. Weston, MA 02493	c/o Liberty Hospitality Group, Inc. 13 Riverside Rd. Weston, MA 02493

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**4/10/1991**

4. FEI Number  
**04-3101915**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

CT Corporation System  
 1200 S. Pine Island Road  
 Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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

TITLE	T	<input type="checkbox"/> DELETE
NAME	Lacoy, Karen K.	
STREET ADDRESS	13 Riverside Rd.	
CITY-ST-ZIP	Weston, MA 02493	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	Marinella, Sabino	
STREET ADDRESS	600 Atlantic Ave.	
CITY-ST-ZIP	Boston, MA 02210-2214	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	McCarthy, John	
STREET ADDRESS	13 Riverside Rd.	
CITY-ST-ZIP	Weston, MA 02493	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Benning, John A.	
STREET ADDRESS	600 Atlantic Ave.	
CITY-ST-ZIP	Boston, MA 02210-2214	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Gilvar, Barry	
STREET ADDRESS	c/o LHG 13 Riverside Rd.	
CITY-ST-ZIP	Weston, MA 02493	
TITLE	D	<input type="checkbox"/> DELETE
NAME	J. Paul Condryn III	
STREET ADDRESS	c/o LHG 13 Riverside Rd.	
CITY-ST-ZIP	Weston, MA 02493	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kallander, Karen L.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: K. Lallander 4/20/99 617-243-7942  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)