

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

FILED

Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000059237 (6)**

1. Corporation Name
L & L WAY, INC.

Principal Place of Business

**2265 ROSWELL RD.
STE. 402
MARIETTA GA 30062
US**

Mailing Address

**2265 ROSWELL RD.
STE. 402
MARIETTA GA 30062
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1993

4. FEI Number

58-2083689

Applied For
Not Applicable

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

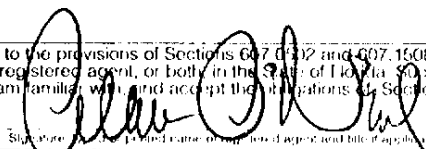
**O'BRIEN, TERRY
2225 131ST AVENUE EAST
ASHLEY GABLES APTS - MGM. OFFICES
TAMPA FL 33612**

10. Name and Address of New Registered Agent

81 Name **L & L TAMPA ASSOCIATES L.P.**
82 Street Address (P.O. Box Number is Not Acceptable)
2225 131ST AVENUE EAST
83 **ASHLEY GABLES APTS - MGM. OFFICE**
84 City **TAMPA** FL 85 Zip Code **33612**

11. Pursuant to the provisions of Sections 607.0302 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



**ON BEHALF OF
L & L TAMPA ASSOCIATES L.P.**

3-30-98
DATE

12. OFFICERS AND DIRECTORS

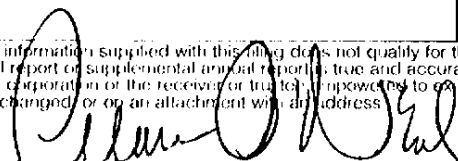
TITLE	P	<input type="checkbox"/> DELETE
NAME	LAMM, SHALOM E	
STREET ADDRESS	476 DURYEA TERRACE	
CITY-ST-ZIP	WEST HAMPTON NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	O'NEIL, ALAN R	
STREET ADDRESS	2265 ROSWELL ROAD, STE. 402	
CITY-ST-ZIP	MARIETTA GA 30062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	O'NEAL, ALAN R.
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SECRETARY
3.3 STREET ADDRESS	JONATHAN ZICH
3.4 CITY-ST-ZIP	489 FIFTH AVENUE - 28TH FLOOR NEW YORK, NY 10017
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.

SIGNATURE:



ALAN O'NEAL 3-30-98 770-565-1079

CR2E034 (10/97)