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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400068711

1. Corporation Name

LM VENTURE PROPERTIES, INC.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90172 013 ***450.00



Principal Place of Business Mailing Address						(1001/100) ICE (State Sport S
2265 LEE RD. STE 125 2265 LEE RD. STE 125						
WINTER PARK FL 32789 WINTER PARK FL 32789						DO NOT WRITE IN THIS SPACE
1						3. Date Incorporated or Qualifed
						09/19/1994
<u> </u>	and of Divines	2- Mailing Addross				4. FEI Number Applied For
Principal Place of Business 2a. Mailing Address						59-3267769 Not Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
<u> </u>						5. Certificate of Status Desired Fee Required
City & State	9		City & State			6. Election Campaign Financing 55.00 May Be
23		28	•			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the current year Intangible
24	25	29	0			Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent
			8	1	Name	
CHENELER, AL			la	82 Street Address (P.O. Box Number is Not Acceptable)		
2265 LEE RD			آ ا	Officer Address		
SUITE 125			83			
WINT	TER PARK FL 32789			4	City	85 Zip Code
			1		-	FL `
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 register 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		WOTE			and a	d when reinstating) DATE
	Signature, typed or printed name of registered agen	ID DIRECTORS	13.	gent si	gnature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	DPST	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	CHENELER, AL		1.2 NAME		}	
STREET ADDRESS	ASSELET DD OTE 405		1.3 STRE		ODRESS	
	WINTER PARK FL 32789		1.4 CITY-ST-ZIP			
CITY-ST-ZIP	WHITE TARECTE DE TOO	☐ DELETE	2.1 TITLE		" 	☐ Change ☐ Addition
NAME		_	2.2 NAME			
i l			2.3 STRE		ODRESS	
STREET ADDRESS		. سه . پ	2.4 CITY-ST-ZIP		-	÷ · · ·
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STRE		DORESS :	
CITY-ST-ZIP			3.4. CITY		i	
TITLE		☐ DELETE	4.1 TITLE	_		☐ Change ☐ Addition
NAME			4. 2 NAV	Œ		
STREET ADDRESS			4.3 STR	ET AL	DORESS	
CITY-ST-ZIP			4.4 CITY		1	
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STRE	EET A	DDRESS	
CITY-ST-ZIP			5.4 CITY	-ST-Z	ZIP	
TITLE		☐ DELETE	6.1 TITUE			☐ Change ☐ Addition
NAME			6.2 NAM	E	,	
STREET ADDRESS			6.3 STR	EET AC	DDRESS	
CITY, ST. ZIP			6.4 CITY	-81-2	(IP	

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 suppliemental 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:

STGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR