


Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION

ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000014021 (6)

1. Corporation Name

LGP REAL ESTATE CORPORATION

Principal Place of Business

760 N.W. 107TH AVE.  
SUITE 400  
MIAMI FL 33172

Mailing Address

760 N.W. 107TH AVE.  
SUITE 400  
MIAMI FL 33172

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 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

NEALON, THOMAS F III  
760 N.W. 107TH AVE.  
SUITE 400  
MIAMI FL 33172

81 Name

82 Street Address

83

84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

12. OFFICERS AND DIRECTORS

13.

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

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CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DPST

KRASNOFF, JEFFREY P

700 N.W. 107TH AVE. #400

MIAMI FL 33172

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

D/V

LEWIS, WILLIAM M JR

1585 BROADWAY 37TH FLOOR

NEW YORK NY 10036

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

VP

LEVIN, DAVID

760 N.W. 107TH AVE.

MIAMI FL 33172

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

AS

NEALON, THOMAS F., III

760 N.W. 107TH AVE.

MIAMI FL 33172

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

VP

BLASER, THEKLA

760 NW 107TH AVENUE, SUITE 400

MIAMI FL

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

1. Name of the company	2. Address of the company	3. Name of the person to whom the report is addressed	4. Date of the report
5. Name of the person who prepared the report	6. Position of the person who prepared the report	7. Name of the person who approved the report	8. Position of the person who approved the report
9. Name of the person who presented the report	10. Position of the person who presented the report	11. Name of the person who received the report	12. Position of the person who received the report
13. Name of the person who signed the report	14. Position of the person who signed the report	15. Name of the person who witnessed the report	16. Position of the person who witnessed the report
17. Name of the person who filed the report	18. Position of the person who filed the report	19. Name of the person who reviewed the report	20. Position of the person who reviewed the report
21. Name of the person who distributed the report	22. Position of the person who distributed the report	23. Name of the person who stored the report	24. Position of the person who stored the report
25. Name of the person who destroyed the report	26. Position of the person who destroyed the report	27. Name of the person who disposed of the report	28. Position of the person who disposed of the report
29. Name of the person who recovered the report	30. Position of the person who recovered the report	31. Name of the person who returned the report	32. Position of the person who returned the report
33. Name of the person who refiled the report	34. Position of the person who refiled the report	35. Name of the person who rechecked the report	36. Position of the person who rechecked the report
37. Name of the person who reissued the report	38. Position of the person who reissued the report	39. Name of the person who reapproved the report	40. Position of the person who reapproved the report
41. Name of the person who refiled the report	42. Position of the person who refiled the report	43. Name of the person who rechecked the report	44. Position of the person who rechecked the report
45. Name of the person who reissued the report	46. Position of the person who reissued the report	47. Name of the person who reapproved the report	48. Position of the person who reapproved the report
49. Name of the person who refiled the report	50. Position of the person who refiled the report	51. Name of the person who rechecked the report	52. Position of the person who rechecked the report
53. Name of the person who reissued the report	54. Position of the person who reissued the report	55. Name of the person who reapproved the report	56. Position of the person who reapproved the report
57. Name of the person who refiled the report	58. Position of the person who refiled the report	59. Name of the person who rechecked the report	60. Position of the person who rechecked the report
61. Name of the person who reissued the report	62. Position of the person who reissued the report	63. Name of the person who reapproved the report	64. Position of the person who reapproved the report
65. Name of the person who refiled the report	66. Position of the person who refiled the report	67. Name of the person who rechecked the report	68. Position of the person who rechecked the report
69. Name of the person who reissued the report	70. Position of the person who reissued the report	71. Name of the person who reapproved the report	72. Position of the person who reapproved the report
73. Name of the person who refiled the report	74. Position of the person who refiled the report	75. Name of the person who rechecked the report	76. Position of the person who rechecked the report
77. Name of the person who reissued the report	78. Position of the person who reissued the report	79. Name of the person who reapproved the report	80. Position of the person who reapproved the report
81. Name of the person who refiled the report	82. Position of the person who refiled the report	83. Name of the person who rechecked the report	84. Position of the person who rechecked the report
85. Name of the person who reissued the report	86. Position of the person who reissued the report	87. Name of the person who reapproved the report	88. Position of the person who reapproved the report
89. Name of the person who refiled the report	90. Position of the person who refiled the report	91. Name of the person who rechecked the report	92. Position of the person who rechecked the report
93. Name of the person who reissued the report	94. Position of the person who reissued the report	95. Name of the person who reapproved the report	96. Position of the person who reapproved the report
97. Name of the person who refiled the report	98. Position of the person who refiled the report	99. Name of the person who rechecked the report	100. Position of the person who rechecked the report

DO NOT WRITE IN THIS SPACE

				3. Date Incorporated or Qualified 02/20/1995			
2. Principal Place of Business			2a. Mailing Address			4. FEI Number 65-0569572	
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.			Applied For	
22 City & State			27 City & State			Not Applicable	
23 Zip		Country	28 Zip		Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24		25	29		30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
NEALON, THOMAS F III 760 N.W. 107TH AVE. SUITE 400 MIAMI FL 33172					10. Name and Address of New Registered Agent		
					81 Name		
					82 Street Address (P.O. Box Number is Not Acceptable)		
					83		
					84 City		
					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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST KRASNOFF, JEFFREY P 700 N.W. 107TH AVE. #400 MIAMI FL 33172 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/VP LEWIS, WILLIAM M JR 1585 BROADWAY 37TH FLOOR NEW YORK NY 10036 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LEVIN, DAVID 760 N.W. 107TH AVE. MIAMI FL 33172 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS NEALON, THOMAS F., III 760 N.W. 107TH AVE. MIAMI FL 33172 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BLASER, THEKLA 760 NW 107TH AVENUE, SUITE 400 MIAMI FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** By: Jeffrey P. Krasnoff, President 1-20-98 305-220-4300

CR2E034 (10/97)