

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90057 040 ***150.00

DOCUMENT # P96000009693

1. Entity Name
LI REALTY, INC.



Principal Place of Business
**3044 S. MILITARY TRAIL
LAKE WORTH, FL 33463**

Mailing Address
**3044 S. MILITARY TRAIL
LAKE WORTH, FL 33463**



2. Principal Place of Business
**4524 GUN CLUB RD.
STE B**

3. Mailing Address
**4524 GUN CLUB RD
STE B**

City & State
WEST PALM BEACH, FL.
Zip
33415
Country
USA

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Zip
33415
Country
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02242006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0640823
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WYMAN, ROBERT W
3095 S. MILITARY TRAIL
SUITE 5
LAKE WORTH, FL 33463**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **NINER, ROSEMARY**
STREET ADDRESS **3044 S. MILITARY TRAIL**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **NINER, ROSEMARY**
STREET ADDRESS **4524 GUN CLUB RD.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Rosemary Niner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/06 *561-964-2444*
Date Daytime Phone #