

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90214 039 ***150.00

DOCUMENT # P96000009693					
1. Entity Name LI REALTY, INC.					
Principal Place of Business 4524 GUN CLUB RD. STE B WEST PALM BEACH, FL 33415			Mailing Address 4524 GUN CLUB RD. STE B WEST PALM BEACH, FL 33415		
2. Principal Place of Business - No P.O. Box # 1217D So. MILITARY TR		3. Mailing Address 1217D So. MILITARY TRAIL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		4. FEI Number 65-0640823	
Zip 33415		Country		Applied For Not Applicable	
Zip 33415		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reconstituting) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NINER, ROSEMARY 4524 GUN CLUB RD. WEST PALM BEACH, FL 33415		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ROSEMARY NINER D'AGOSTINO 1217D SO. MILITARY TRAIL WEST PALM BEACH	
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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: <i>Rosemary Niner D'Agostino</i> ROSEMARY NINER D'AGOSTINO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <i>5-1-06</i> Daytime Phone # <i>964-2444</i>					