2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000101138

FILED 2006 8:00 am ite

.00

1	Secretary of Sta
	04-20-2006 90210 027 ***150.
	40055924

1. Entity Name L.H. PEPF								_		
Principal Place of Business 1151 N ORANGE AVE WINTER PARK, FL 32789 US			Mailing Address 1151 N ORANGE AVE STE 201 WINTER PARK, FL 32789 US				40055924			
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04112006	Chg-P	CR2E034 (11/0)5)	
City & State			City & State			4. FEI Num 59-34	ber 22766	-	Applied For Not Applicable	
Zip	Country Zip		Zip	Country		5. Certifica	e of Status Desired	☐ \$8.75 Fee Req	Additional uired	
	6. Name and Address of (Current Regis	tered Agent			7. Name ar	d Address of New F	Registered Agent		
TATICH, PHILIP 341 N MAITLAND AVE STE 340					Name Street Add	· · · · · ·	MI (ip ber is Not Acceptable			
MAITLAND, FL 32751					1151 N. Orange			enue	Ceden o	
					WIN	uer rai		FL 157	789	
	named entity submits this state ons of registered agent.	ement for the p	ourpose of changing its	register	ed office or re	gistered agent, or b	oth, in the State of Fl	orida. I am familiar w	rith, and accept	
SIGNATURE_	Signature, typed or printed name of registr	ered agent and title	if applicable. (NOT	E: Registere	ed Agent signature :	raquired when reinstating)		DATE	<u></u> .	
	E NOW!!! FEE 13 \$150. ay 1, 2006 Fee will be		9. Election Campa Trust Fund Conf			\$5.00 May Be Added to Fees				
10.	OFFICE	RS AND DIRE	CTORS	11.		ADDITION	S/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11	
TITLE	DPS		☐ Delete	TITL	Ε			☐ Chan	nge 🗀 Addition	
NAME	LEFKOWITZ, HOWARD E	3		NAM						
STREET ADDRESS CITY-ST-ZIP	1151 N ORANGE AVE WINTER PARK, FL 3278	9			EET ADDRESS '- ST- ZIP					
TITLE			☐ Delete	TΠL	E			☐ Chan	nge 🔲 Addition	
NAME				NAM						
STREET ADDRESS					EET ADDRESS '-ST-ZIP				ŀ	
CITY-ST-ZIP				-						
TITLE NAME			Delete	TITE	·			☐ Char	nge 🗌 Addition l	
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP				CITY	r-ST-ZIP					
TITLE			☐ Delete	tin	E T			Char	nge 🔲 Addition	
NAME				NAM						
STREET ADDRESS					EET ADDRESS					
CHY-ST-ZIP			☐ Delete	TITU	r-ST-ZIP			☐ Char	nge 🗌 Addition	
NAME			L Ocicio	NAN					190 (1700)	
STREET ADDRESS				STR	EET ADDRESS					
CITY-ST-ZIP				CITY	r-st-zip					
TITLE			☐ Detete	TITL	E			☐ Char	nge 🔲 Addition	
NAME				NAM					!	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS					
					Y-ST-ZIP					
12. I hereby of indicated of the corchanged	certify that the information sup- ion this report or supplemental poration or the receiver or trus or on an attachment with again	olied with this report is true tee employers iddress, with/a	tiling does not qualify f and accurate and that ad to execute this repor- all other like empowered	or the ex my signa t as requ	emptions con ature shall hav iired by Chapt	stained in Chapter to the same legal efter 607, Florida Stat	19, Florida Statutes. lect as if made under uter, and that my nar	I further certify that to oath; that I am an of the appears in Block	he information ficer or director 10 or Block 11 if	
SIGNATURE: (())3/06 (()) 667										

NTED NAME OF SIGNING OFFICER OR DIRECTOR