DOCUMENT # P97000036579				FILED
1. Entity Name  LP LAND DEVELOPMENT, INC.				00 MAR -3 PM 1:28
			,	Y
Principal Plac	ce of Business	Mailing Address		SECRETARY OF STATE TALLAWASSEE. PERTUA
0651 WEST O UNRISE FL 33	AKLAND PARK BLVD. 3351	10651 WEST OAKLAND SUNRISE FL 33351-681		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, atc.		DO NOT WRITE IN THIS SPACE
Ζiρ	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Curr	rent Registered Agent		7. Name and Address of New Registered Agent
4140	O MODULE VIII		Name	
2258	DS, JACQUELYN B CARAVELLE CT	-	- Street Add	ress (P.O. Box Numbor is Not Acceptable) —
BOC	CA RATON FL 33433			
	W. (2.1.4.1.6.4.1.6.4.4.4.4.4.4.4.4.4.4.4.4.4			
IGNATURE .		agent and title 4 applicable	City  g its registered office or re- (NOTE: Registered Agent signature r  DWIII FEE IS \$150.00	
9. This corpo	named entity submits this stateme Signature, typed or printed name of registered a cration is eligible to satisfy its Intang requirement and elects to do so.	gible FILE NO	g its registered office or re-	gistered agent, or both, in the State of Florida.  PORTE  10. Election Campaign Financing \$5.00 May E Trust Fund Contribution. Added to Fees
9. This corpx Tax filing r (See criter	e named entity submits this stateme  Signature, typed or printed name of registered a  oration is eligible to satisfy its Intangrequirement and elects to do so ria on back)  OFFICERS A	gible FILE NO After MAY 1 Make Check PO	g its registered office or re- (NOTE: Registered Agent signature 7  DW!!! FEE IS \$150.00  , 2000 Fee will be \$550  lyable to Department of	gistered agent, or both, in the State of Florida.    DATE
9. This corpy Tax filing r (See criter 11. THE HAME STREET ADDRESS	Signature, typed or privided name of registered a coration is eligible to satisfy its Intangrequirement and elects to do so. ria on back)  OFFICERS A D AMOS, JACQUELYN V 22548 CARAVELLE CIR	gible FILE NO After MAY 1 Make Check Pt	g its registered office or re- (NOTE: Registered Agent signature 1 DW!!! FEE IS \$150.00 1, 2000 Fee will be \$550 syable to Department of	gistered agent, or both, in the State of Florida.  PORTE  10. Election Campaign Financing \$5.00 May E Trust Fund Contribution. Added to Fees
9. This corpx Tax filing t (See crite) 11. ITLE IMME IMPET ADDRESS SITY-SI-ZIP ITLE	Signature, hoped or printed name of registered a coration is eligible to satisfy its Intangrequirement and elects to do so ria on back)  OFFICERS A D AMOS, JACQUELYN V	gible FILE NO After MAY 1 Make Check PO	g its registered office or re- (NOTE: Registered Agent signature 1  DW!!! FEE IS \$150.00  1, 2000 Fee will be \$550  ayable to Department of  12.  TITLE  NAME  STREET ADDRESS	gistered agent, or both, in the State of Florida.    DATE
9. This corpy Tax filing I (See criter 11.  THE IMME STREET ADDRESS SITY-ST-ZIP THE IMME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered a coration is eligible to satisfy its Intangrequirement and elects to do so. ria on back)  OFFICERS A  D  AMOS, JACQUELYN V  22548 CARAVELLE CIR  BOCA RATON FL 33433	gible FILE No. After MAY 1 Make Check Pt AND DIRECTORS Delete	g its registered office or re- (NOTE: Registered Agent signature 7  DW!!! FEE IS \$150.00  1, 2000 Fee will be \$550  ayable to Department of  12.  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE	gistered agent, or both, in the State of Florida.    DATE
9. This corpx Tax filing i (See criter 1.  ITLE AME INSERT ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS	Signature, typed or privided name of registered a coration is eligible to satisfy its Intangrequirement and elects to do so. ria on back)  OFFICERS A  D  AMOS, JACQUELYN V  22548 CARAVELLE CIR  BOCA RATON FL 33433  D  AMOS, LAURIE  10092 W OAKLAND PARK B	gible FILE No. After MAY 1 Make Check Pt AND DIRECTORS Delete	g its registered office or re- (NOTE: Registered Agent signature of the control o	gistered agent, or both, in the State of Florida.    DATE
9. This corpx Tax filing I (See crite)  11.  ITLE  IMME IMME IMME IMME IMME IMME IMME I	o named entity submits this stateme  Signature, typed or printed name of registered a  oration is eligible to satisfy its Intany requirement and elects to do so.  ria on back)  OFFICERS A  D  AMOS, JACQUELYN V  22548 CARAVELLE CIR BOCA RATON FL 33433  D  AMOS, LAURIE 10092 W OAKLAND PARK B  SUNRISE FL 33353	gible FILE No. After MAY 1 Make Check Po AND DIRECTORS Delete	g its registered office or re- (NOTE: Registered Agent signature i  DW!!! FEE IS \$150.00  1, 2000 Fee will be \$550  ayable to Department of  12.  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS	gistered agent, or both, in the State of Florida.    10. Election Campaign Financing   \$5.00 May E Added to Fees     10. Election Campaign Financing   Added to Fees     10. Election Financing   Added to Fees     10. Ele
9. This corporate in the corporate in th	o named entity submits this stateme  Signature, typed or printed name of registered a  oration is eligible to satisfy its Intany requirement and elects to do so.  ria on back)  OFFICERS A  D  AMOS, JACQUELYN V  22548 CARAVELLE CIR BOCA RATON FL 33433  D  AMOS, LAURIE 10092 W OAKLAND PARK B  SUNRISE FL 33353	gible FILE No After MAY 1 Make Check Pt Delete  LVD	g its registered office or re- (NOTE: Registered Agent signature i  DWIII FEE IS \$150.00  1, 2000 Fee will be \$550  1yable to Department of  12.  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME	gistered agent, or both, in the State of Florida.    10. Election Campaign Financing   \$5.00 May E     10. Added to Fees   Added to Fees     10. Added to Fees   Added to Fees     10. Election Campaign Financing   Added to Fees     10. Election Financing
SIGNATURE Tax filing i (See criter Tax filing i Ta	o named entity submits this stateme  Signature, typed or printed name of registered a  oration is eligible to satisfy its Intany requirement and elects to do so.  ria on back)  OFFICERS A  D  AMOS, JACQUELYN V  22548 CARAVELLE CIR BOCA RATON FL 33433  D  AMOS, LAURIE 10092 W OAKLAND PARK B  SUNRISE FL 33353	gible FILE No After MAY 1 Make Check Pt Delete  LVD	g its registered office or re- (NOTE: Registered Agent signature i  DW!!! FEE IS \$150.00  1, 2000 Fee will be \$550  1yable to Department of  12.  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS	gistered agent, or both, in the State of Florida.    10. Election Campaign Financing   \$5.00 May E Added to Fees     11. Election Campaign Financing   Added to Fees     12. Election Campaign Financing   Added to Fees     13. Election Campaign Financing   Added to Fees     14. Election Campaign Financing   Added to Fees     15. Election Campaign Financing   Added to Fees     16. Election Campaign Financing   Added to Fees     17. Election Campaign Financing   Added to Fees     18. Election Campaign Financing   Added to Fees     19. Election Financing Financing   Added to Fees     19. Election Financing Financing Financing Financing Financing Financing Financing Financing Financing Finan
9. This corportal filling in (See criter	o named entity submits this stateme  Signature, typed or printed name of registered a  oration is eligible to satisfy its Intany requirement and elects to do so.  ria on back)  OFFICERS A  D  AMOS, JACQUELYN V  22548 CARAVELLE CIR BOCA RATON FL 33433  D  AMOS, LAURIE 10092 W OAKLAND PARK B  SUNRISE FL 33353	gible FILE No After MAY 1 Make Check Pt Delete  LVD Delete	g its registered office or re- (NOTE: Registered Agent signature i  DWIII FEE IS \$150.00  I, 2000 Fee will be \$550  Ayable to Department of  12.  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP	gistered agent, or both, in the State of Florida.    10. Election Campaign Financing   \$5.00 May E     10. Added to Fees   Added to Fees     10. Added to Fees   Added to Fees     10. Election Campaign Financing   Added to Fees     10. Election Financing

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE:

| Comparison or the receiver-or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if the changed, or on an attachment with an address, with all other like empowered.

| Comparison or the receiver-or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if the changed, or on an attachment with an address, with all other like empowered.

| Comparison or the receiver-or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if the changed, or on an attachment with an address, with all other like empowered.

| Comparison or the receiver-or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if the chapter of the chapte

JALQUEYN Amos, Pres