2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

Mar 10, 2004 8:00 am Secretary of State **DOCUMENT # P97000044743** 03-10-2004 90014 048 ***150.00 1. Entity Name LR II, INC. Principal Place of Business Mailing Address 54016503 3032 JOG RD 3032 IOG RD LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 US LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042004 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0759783 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOICE, DOMENICK R Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BOULEVARD **SUITE 1200** WEST PALM BEACH, FL 33401 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE **X**Change NAME SUGAR, LAWRENCE NAME 137 Olivera Way Palm Beach Bardens, 128 VICTORIAN LANE STREET ADDRESS STREET ADDRESS CITY-ST-2IP JUPITER, FL 33458 CITY-ST-ZIP D TITLE ☐ Delete TITLE NAME SUGAR, AVA B NAME 137 Olivera Way Palm Beach Gardens STREET ADDRESS 128 VICTORIAN LANE. STREET ADDRESS JUPITER, FL 33458 CITY-ST-7IP CITY-ST-ZIP Addition _ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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

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