


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 18, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P97000051960</b>		
1. Entity Name <b>TWENTIETH LANE PROPERTIES, INC.</b>		
Principal Place of Business <b>14445 NE 20TH LN. N. MIAMI, FL 33181</b>	Mailing Address <b>14445 NE 20TH LN. N. MIAMI, FL 33181</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>NUNEZ, MIKE 14445 NE 20 LANE NORTH MIAMI, FL 33181</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-dating)</small>		
DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NUNEZ, MIKE 2531 DEL LAGO DRIVE FT LAUDERDALE, FL 33316	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEIBOWITZ, MARVIN 11410 N. BAYSHORE DR. MIAMI, FL 33181	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEIBOWITZ, LARRY 11410 N BAYSHORE DR MIAMI, FL 33181	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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)(f), 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: <u>Steve</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0017933</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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02/18/05-B0027-015 150.00

1/24/05 305948.1284