

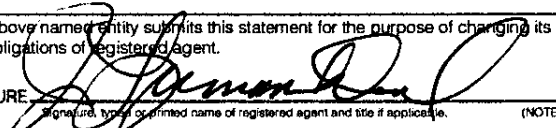
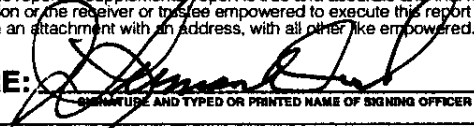


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90030 031 ***150.00

DOCUMENT # P97000071855 1. Entity Name LLS DEVELOPMENT COMPANY, INC.					
Principal Place of Business C/O K. P. JONES, ESQ. 750 SE 3RD. AVE., STE. 300 FT LAUDERDALE, FL 33316				Mailing Address 750 SE THIRD AVE #300 FT LAUDERDALE, FL 33316	
2. Principal Place of Business 4804 Paleo Pines Cir Suite, Apt. #, etc.		3. Mailing Address 4804 Paleo Pines Cir. Suite, Apt. #, etc.			
City & State Ft. Pierce, FL		City & State Ft. Pierce, FL		4. FEI Number 65-0809226	
Zip 34951		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, K. P. 750 SE THIRD AVE #300 FT LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent Name J. Luman Dial Street Address (P.O. Box Number is Not Acceptable) 800 8th Street City Vero Beach FL Zip Code 32962	
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  DATE 2/16/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 P NAME DIAL, JAMES L JR. STREET ADDRESS 750 SE THIRD AVE #300 CITY - ST - ZIP FT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete		TITLE P NAME Dial, James L., Jr. STREET ADDRESS 4804 Paleo Pines Cir. CITY - ST - ZIP Ft. Pierce, FL 34951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME JONES, SYLVIA STREET ADDRESS 750 SE THIRD AVE #300 CITY - ST - ZIP FT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME DIAL, JOHN LARRY STREET ADDRESS 750 SE THIRD AVE #300 CITY - ST - ZIP FT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 with an address, with all other like empowered.					
SIGNATURE: 			DATE: 2/16/04		