


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000088785 1. Entity Name L.L. INDUSTRIAL PARK, INC.		
Principal Place of Business 4901 N.W. 17TH WAY SUITE 103 FT. KAUDERDALE, FL 33309		Mailing Address 4901 N.W. 17TH WAY SUITE 103 FT. KAUDERDALE, FL 33309
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEVY, ALAN M 4901 NW 17TH WAY SUITE 103 FORT LAUDERDALE, FL 33309		DO NOT WRITE IN THIS SPACE
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 reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE	D	
NAME	KAHN, DAVID	
STREET ADDRESS	1327 H 46 STREET	
CITY - ST - ZIP	BROOKLYN, NY 11219	
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 exemptions contained in Chapter 119, 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>David Kohn</u> <u>David Kohn</u>		<u>4/24/06</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



03292006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0824319	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000556835
05/17/06-80026-009 150.00

**DO NOT WRITE
IN THIS SPACE**