


**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90019 014 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000007685**

1. Corporation Name

**L.L. FINANCIAL PLANNING, INC.**
 Principal Place of Business  
 7700 NORTH KENDALL DRIVE  
 SUITE 405  
 MIAMI FL 33156

 Mailing Address  
 7700 NORTH KENDALL DRIVE  
 SUITE 405  
 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1998

4. FEI Number

65-0817603

Applied For

Not Applicable

5. Certificate of Status Desired ☐
 \$8.75 Additional  
 Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐
 \$5.00 May Be  
 Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22. City &amp; State

23

Zip

Country

27. City &amp; State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LEITMAN, LORN**  
**8120 NORTH KENDALL DRIVE**  
**SUITE 405**  
**MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE
 NAME **D LEITMAN, LORN**  
 STREET ADDRESS **8120 S.W. 86TH TERRACE**  
 CITY-STATE-ZIP **MIAMI FL 33186**
1.2 NAME ☐ DELETE
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP
1.3 NAME ☐ DELETE
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP
1.4 NAME ☐ DELETE
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP
1.5 NAME ☐ DELETE
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP
1.6 NAME ☐ DELETE
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)