2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 09, 2006 08:00 AM Secretary of State DOCUMENT # P98000102126 1. Entity Name LTR PROPERTIES, INC. Principal Place of Business Masting Address 3231 GENERAL ELECTRIC ROAD P O BOX 398 PLYMOUTH, FL 32768 PLYMOUTH, FL 32768-0398 01032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3563813 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEADERS, IRVIN H DO NOT WRITE 1050 BROADWAY STREET ALTAMONTE SPRINGS, FL 32714 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. Signature, typed or profed name of registered scent and title if applicable (NOTE: Redistered Acent signstrate married when sensurand) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. LEADERS, IRVIN H MARKE STREET ADDRESS 1050 BROADWAY ST CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 80 THE 000000380817 01/11/06-80029-009 150.00 NAME LEADERS, PATRICIA A STREET ADDRESS 1050 BROADWAY STREET CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP YITI F NAME STREET ADDRESS COY-ST-ZP 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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/05

407-880-9800

FILED

Daylime Phone #