FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2002 8:00 am & Secretary of State P99000089554 DOCUMENT # 1. Entity Name L & L REALTY INC. 04-26-2002 90011 039 ***150 00 Principal Place of Business Mailing Address 215 5TH ST., #108 3540 FOREST HILL BLVD W. PALM BEACH FL 33401 203 WEST PALM BEACH FL 33406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0954460 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DENTRY, DEBORAH A Street Address (P.O. Box Number is Not Acceptable) 3540 FOREST HILL BLVD #203 WEST PALM BEACH FL 33406 ŝ City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Addition ☐ Change HEATON, LINN D NAME NAME 3540 FOREST HILL BLVD #203 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33406 CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE Change ☐ Addition HEATON, LEC W NAME NAME 3540 FOREST HILL BLVD #203 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33406 CITY-ST-ZIP CITY-ST-ZIP VPST --TITLE ☐ Delete TITLE Change --- : Addition DERTRY, DEBORAH A NAME NAME 3540 FOREST HILL BLVD #203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33406 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if

SIGNATURE:

4/13/02 561433 VP 10
Date Daytime Phone #