

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90010 033 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

00060918:

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000106125

1. Entity Name
 L&L Property Management, Inc

Principal Place of Business 435 Long Cove Rd
 (Ormond) BCH FL 32174

Mailing Address 435 Long Cove Rd
 (Ormond) BCH FL 32174

2. Principal Place of Business Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number 57-3610-8-21 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 Loguidice Joseph A
 435 Long Cove Rd
 (Ormond) BCH FL 32174

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW! FEE IS \$150.00** AFTER MAY 1, 2001 Fee will be \$180.00. Make Check Payable to Department of State.

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME D. Lewis Michael L <input type="checkbox"/> Delete	STREET ADDRESS 2 GreenVale Drive (Ormond) BCH FL 32174	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME D. Loguidice JOE <input type="checkbox"/> Delete	STREET ADDRESS 435 Long Cove Rd (Ormond) BCH FL 32176	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 changed, or on an attachment with an address, with all other like empowered.

CR2E034 (11/00)