2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000106683

1. Entity Name
LT 1999, INC.

Principal Place of Business	Mailing Address
1920 SOUTH PARKSIDE CIRCLE BOCA RATON, FL 33486	1920 SOUTH PARKSIDE CIRCLE BOCA RATON, FL 33486

DO NOT WRITE IN THIS SPACE

02252007   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0971230	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

LEHRER, PAUL
1920 SOUTH PARKSIDE CIRCLE
BOCA RATON, FL 33486

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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 printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2007 Fee will be $550.00 | 9. Election Campaign Financing
Trust Fund Contribution. ☐ | **$5.00** May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	LEHRER, PAUL
STREET ADDRESS	1920 SOUTH PARKSIDE CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33486

TITLE	D
NAME	LEHRER, MARJORIE
STREET ADDRESS	1920 SOUTH PARKSIDE CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33486

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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03/08/07-80034-022 150.00

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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: _____ Paul Lehrer   2/25/07   561 504 5501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #