DOCUMENT # S74416 1. Entity Name LGP REALTY, INC.		MI (ODA)	Feb 11 Secre	FILED, 2000 8:00 am tary of State
Principal Place of Business	Mailing Address		02-11-20	00 90029 013 ****150.00
C/O STEVEN P. KUSHNER. ESQUIRE 1515 BROADWAY FORT MYERS FL 33901	116 MONTCALM SOUTH CANDIAE. QUEBEC CANADO CA	A J5R4T	\$ (88)(110 (11) (189) (18)	IBBS NATA BIBS BIBSI BIBN GIBIS BIBN BIBN BIBN SERII SEBI
2. Principal Place of Business Clo Bruxton Registered 48-15 Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
4710 N.W BOCA Raton BL	<u> </u>	····		
Suita 101 Boculator FL	and the same of th		4. FEI Number 65-02	85835 Applied For Not Applicable
Zip Country	Zip	Country	- >5 .≂Certificate of Status De	sired \$8.75 Additional Fee Required
6. Name and Address of Currer	nt Registered Agent		7. Name and Address of	
KUSHNER, STEVEN P. ESQUIRE C/O GOLDBERG, GOLDSTEIN & BUC 1515 BROADWAY FORT MYERS FL 33901	KLEY	Street Address	SNTON TEGISTA S (P.O. Box Number is Not Acc W BOCA RATON RATON	
8. The above named entity submits this statement SIGNATURE Signature typed or printed name of registered age 9. This corporation is eligible to satisfy its Intangib	nt and title if applicable (NOT)	E: Registered Agent signature requir	red when reinstating)	F81/2000
Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AN		100 Fee will be \$550.00 ble to Department of St	Trust Fund Con	
TITLE NAME STREET ADDRESS CITY-ST-ZIP CANDIAC, QUEBEC CAN.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONO/OHANGEO	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP CANDIAC, QUEBEC CAN:	Delete	TITLE NAME STREET ADDRESS CITY_ST-ZIP	ر بندون ما	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	Delête ~	NAME STREET ADDRESS CITY-ST-ZIP	ه چاردان استرمیسته	Change - Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME_ STREET ADDRESS CITY-ST-2IP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
13. I hereby certify that the information supplied w indicated on this report or supplemental report of the corporation or the receiver of trustee em changed, or on an attachment with an address SIGNATURE:	is true and accurate and that report	my signature shall have the as required by Chapter 60	e same legal effect as if made 07, Florida Statutes; and that n	under oath; that I am an officer or director