

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90268 049 \*\*\*158.75

<b>DOCUMENT # P05000089825</b> 1. Entity Name <b>L2 PROPERTIES, INC.</b>					
Principal Place of Business <b>5200 NORTH OCEAN DRIVE #20B SINGER ISLAND, FL 33404</b>			Mailing Address <b>5200 NORTH OCEAN DRIVE #20B SINGER ISLAND, FL 33404</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-3044185</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ANDERSON, J. PATRICK 930 S. HARBOR CITY BLVD STE 505 MELBOURNE, FL 33404</b>				7. Name and Address of New Registered Agent Name <b>PETER P. LINDLEY, ESQ., P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 N. FEDERAL HIGHWAY</b> <b>SUITE 200</b> City <b>Boca Raton</b>	
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: <i>Peter P. Lindley, Pres.</i> <i>Peter P. Lindley, president</i> <i>Peter P. Lindley, P.A.</i> <i>1/10/2006</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Zip Code <b>33432</b>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>GANTHER, HOWARD B 5200 NORTH OCEAN DRIVE #20B SINGER ISLAND, FL 33404</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>GANTHER, ANGELA C 5200 NORTH OCEAN DRIVE #20B SINGER ISLAND, FL 33404</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Angela C. Ganther</i> <b>ANGELA C. GANTHER</b> <i>1-9-2006</i> <i>561-842-4060</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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