

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90059 050 ***150.00

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DOCUMENT # F99000006202 1. Entity Name LPL INVESTMENT GROUP INC.					
Principal Place of Business 777 SOUTH FLAGLER DRIVE, SUITE 800-E WEST PALM BEACH, FL 33401			Mailing Address 140 INTRACOASTAL PT DRIVE STE 410 JUPITER, FL 33477		
2. Principal Place of Business 140 Intracoastal Pt Dr		3. Mailing Address 		03312005 Chg-P CR2E034 (10/03) 4. FEI Number 51-0370573 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc. Suite 410		Suite, Apt. #, etc. 			
City & State Jupiter FL		City & State 			
Zip 33477 Country USA		Zip Country Country			
6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 2 S. BISCAYNE BLVD SUITE 3400 MIAMI, FL 33131				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	CDPS DE GEORGE, LAWRENCE F 777 SOUTH FLAGLER DRIVE, SUITE 800-E WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			4-6-05 5617451001		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Lawrence F De George			Date Daytime Phone #		