2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2006 8:00 am Secretary of State 02-03-2006 90001 031 ***150.00

DOCUMENT # F99000006202



1. Entity Nam LPL INVE	STMENT GROUP INC.				02-03-2000 9000	71 031	130.00	
Principal Place of Business 140 INTRACOASTAL PT DRIVE SUITE 410 JUPITER, FL 33477		Mailing Address 140 INTRACOASTAL PT DRIVE SUITE 410 JUPITER, FL 33477			TO THE			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01252006 Chg-P	CR2E03	4 (11/05)	
City & State		City & State	City & State		4. FEI Number 51-0370573			
Zip	Country	Zip	Country	_	5. Certificate of Status Desired		8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New R	egistered A	gent	
VALENCE FALLI CORPORATE CERVICES INC				Name				
VALDES-FAULI CORPORATE SERVICES, INC. 2 S. BISCAYNE BLVD SUITE 3400			Street A	ddress (P	O. Box Number is Not Acceptable	;)		
MIAMI, FL	33131							
			City			_ FL	Zip Code	9
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								
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. On Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND I	DIRECTORS	S IN 11
TITLE	CDPS	☐ Delete	TITLE	COF	corse Lawrence Intracoastal Pt Di	r	Change	Addition
NAME STREET ADDRESS	DE GEORGE, LAWRENCE F 777 SOUTH FLAGLER DRIVE, SUITE 800-E SI			140	Tutto coastal Pt Di	r Suiti	2410	
CITY-ST-ZIP	777 SOUTH FLAGLER DRIVE, SUITE 800-E STR WEST PALM BEACH, FL 33401 CITY			JUP	HU FL 33477			1
TITLE	Т	☐ Delete	TITLE	F			Change	☐ Addition
NAME	DE GEORGE, LAWRENCE F							
STREET ADDRESS CITY-ST-ZIP	777 SOUTH FLAGLER DRIVE, 3 WEST PALM BEACH, FL 3340	STREET ADDRESS CITY-ST-ZIP	140	INTRACOASTAI PT	-ur 3	OITC .	410	
TITLE	VVEST PALIN BEACH, PL 3340	Delete	TITLE	100	iter FL 3347		☐ Change	Addition
NAME		LJ Dekte	NAME	ĺ			L_1 Change	L Mullion
STREET ADDRESS			Street address	ĺ				
CiTY-ST-ZiP			CITY-ST-ZIP	 				
TITLE NAME		Delete	TITLE NAME	1			Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP					
TITLE	}	☐ Delete	TITLE	}			Change	Addition
NAME STREET ADDRESS	•		NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	L				
TITLE		☐ Delete	TITLE	J			Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP		/	CITY-ST-ZIP					i
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter indicated on this report of supplemental report is true and accurate and that my signature shall have the same legger of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida St aid my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: 1-31-06 56/1745/00/								

Lawrence F De George