

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000020048 1. Entry Name LFP INVESTMENTS, LLC	
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Principal Place of Business 6000 SAN JOSE BLVD. UNIT 8A JACKSONVILLE, FL 32257	Mailing Address PO BOX 1854 ORANGE PARK, FL 32067-1854
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DO NOT WRITE IN THIS SPACE

02262008No Chg-LLC CR2E083 (12/07)

4. FEI Number
22-3850326

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

RAX CO.
ATTN: DANIEL B. NUNN, JR.
50 NORTH LAURA STREET, SUITE 3300
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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)

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

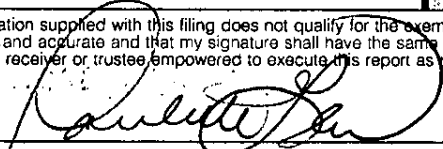
U000000858278
04/01/08-80039-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, PAULETTE 6000 SAN JOSE BLVD. #8A JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEWIS, PAUL II 2475 CANAL WAY JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIS, ROBERT 4410 GADSEN COURT JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **3/14/08 904 730 4678**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #