

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020048

Entity Name: LFP INVESTMENTS, LLC

FILED  
Mar 27, 2009  
Secretary of State

**Current Principal Place of Business:**

6000 SAN JOSE BLVD.  
UNIT 8A  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1854  
ORANGE PARK, FL 320671854

**New Mailing Address:**

FEI Number: 22-3850326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: LEWIS, PAULETTE  
Address: 6000 SAN JOSE BLVD. #8A  
City-St-Zip: JACKSONVILLE, FL 32216

Title: V ( ) Delete  
Name: LEWIS, PAUL II  
Address: 2475 CANAL WAY  
City-St-Zip: JACKSONVILLE, FL 32223

Title: S ( ) Delete  
Name: LEWIS, ROBERT  
Address: 4410 GADSDEN COURT  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAULETTE LEWIS

PRES

03/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date