

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

4/ **FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90035 034 \*\*\*\*50.00

**DOCUMENT # L02000014455**

1. Entity Name  
**LUPEN HOLDING, L.C.**



Principal Place of Business <b>3585B SW QUAIL MEADOW TRAIL #B          PALM CITY, FL 34990</b>	Mailing Address <b>3585B SW QUAIL MEADOW TRAIL #B          PALM CITY, FL 34990</b>
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**DO NOT WRITE IN THIS SPACE**



03192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>03-0475048</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KRESER, LOUIS  
 3585B SW QUAIL MEADOW TRAIL  
 PALM CITY, FL 34990**

**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 *Louis Kreser* **4/3/07**  
Signature typed or printed name of registered agent and title of representative (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR KRESER, LOUIS 3585 SW QUAIL MEADOW TRAIL PALM CITY, FL 34990</b>
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**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: *Louis Kreser* **4/25/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #