


**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 3585B SW QUAIL MEADOW TRAIL #B PALM CITY, FL 34990	Mailing Address 3585B SW QUAIL MEADOW TRAIL #B PALM CITY, FL 34990
--	--

DO NOT WRITE IN THIS SPACE

03192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 03-0475048	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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* (NOTE: Registered Agent signature required when reinstating) DATE 4/3/07

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KRESER, LOUIS 3585 SW QUAIL MEADOW TRAIL PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: *Louis Kreser* DATE 4/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE