

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000021461

1. Entity Name
LETAP INVESTMENTS, L.L.C.



Principal Place of Business
192 TOPANGA DRIVE
BONITA SPRINGS, FL 34134

Mailing Address
192 TOPANGA DRIVE
BONITA SPRINGS, FL 34134



05022006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3874014

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, THAKOR M
192 TOPANCIA DR
BONITA SPRINGS, FL 34134

**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 *Thakor Patel*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-29-06
DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PATEL, THAKOR
STREET ADDRESS	192 TOPANGA DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	MGRM
NAME	PATEL, BHANU
STREET ADDRESS	192 TOPANGA DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/06-80003-008 50.00

**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: *Thakor Patel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-29-06
Date Daytime Phone #