2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# L03000010597

Entity Name: X.P.T. LLC

Current Principal Place of Business:

5185 S. UNIVERSITY DR
DAVIE, FL 33328

New Principal Place of Business:

1436 SW 109 WAY
DAVIE, FL 33324

Current Mailing Address:

5185 S. UNIVERSITY DR
DAVIE, FL 33328

New Mailing Address:

1436 SW 109 WAY
DAVIE, FL 33324

FEI Number: 43-2009958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIEGEL, JODIE M ESQ.
8845 LAKE PARK CIRCLE SOUTH
DAVIE, FL 33328 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: MGR ( ) Delete
Name: LOUIS, KOULOUVARIS C
Address: 5185 S. UNIVERSITY DR
City-St-Zip: DAVIE, FL 33328

Title: MGR ( ) Delete
Name: STEPHANIE, KOULOUVARIS
Address: 5185 S. UNIVERSITY DR
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LOUIS, KOULOUVARIS C
Address: 1436 SW 109 WAY
City-St-Zip: DAVIE, FL 33324

Title: MGR (X) Change ( ) Addition
Name: STEPHANIE, KOULOUVARIS
Address: 1436 SW 109 WAY
City-St-Zip: DAVIE, FL 33324

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: STEPHANIE KOULOUVARIS MGR 04/18/2009

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