

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/27/

FILED
Sep 20, 2004 8:00 am
Secretary of State

08-27-2004 90103 029 ***50.00

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1. Entity Name
LPC, LLC



34010493



07082004 Chg-LLC CR2E083 (10/03)

Principal Place of Business
639 NORTH 38TH ROAD
OTOE, NE 68417

Mailing Address
639 NORTH 38TH ROAD
OTOE, NE 68417

2. Principal Place of Business
Florida

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

4. FEI Number
01-0784184

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, GARY, CPA
8204 PETERS ROAD
4660
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
263 S.W. HATTERAS COURT
 City **PALM CITY** FL Zip Code **34990**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY - ST - ZIP		NAME STREET ADDRESS CITY - ST - ZIP	
<i>[Signature]</i>		President -	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Mitchell Engle	<input type="checkbox"/> Delete	Principal & Managing Member	
410 Kimberlite St			<input type="checkbox"/> Change <input type="checkbox"/> Addition
Tiffin Iowa 52430	<input type="checkbox"/> Delete		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **7/23/04** **777-288-2775**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #