


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90095 035 \*\*\*\*\*50.00

|   |         |     |   |  |  |
|---|---------|-----|---|--|--|
| <b>DOCUMENT # L03000038768</b>  |         |     |   |   |  |
| 1. Entity Name<br>LOP INVESTMENT GROUP, LLC   |         |     |   |  |  |
| Principal Place of Business<br>63 N ORANGE AVE<br>ORLANDO, FL 32801   |         |     | Mailing Address<br>901 E. PINE STREET<br>#3<br>ORLANDO, FL 32801    |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |         |     | 3. Mailing Address<br><b>63 N ORANGE AVE</b><br>Suite, Apt. #, etc. |  |  |
| City & State  |         |     | City & State  |  |  |
| Zip   | Country | Zip | Country   | 4. FEI Number<br><b>20-0293422</b>   |  |
|   |         |     |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required                                      |  |
| 6. Name and Address of Current Registered Agent<br><br>PIEDRA, MIGUEL<br>63 N ORANGE AVE<br>ORLANDO, FL 32801   |         |     |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |         |     |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |         |     |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |

| 9. MANAGING MEMBERS/MANAGERS                   |   |                                 | 10. ADDITIONS/CHANGES                          |  |   |
|--|---|---------------------------------|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>PIEDRA, ANTONIO O SR.<br>63 N ORANGE AVE.<br>ORLANDO, FL 32801 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>PIEDRA, ANTONIO O JR.<br>63 N ORANGE AVE.<br>ORLANDO, FL 32801 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>PIEDRA, MIGUEL A<br>63 N ORANGE AVE.<br>ORLANDO, FL 32801      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/05 4074960030

Date

Daytime Phone #