

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90035 022 \*\*\*\*50.00

**DOCUMENT # L03000038768**

1. Entity Name  
LOP INVESTMENT GROUP, LLC



Principal Place of Business  
63 N ORANGE AVE  
ORLANDO, FL 32801

Mailing Address  
63 N ORANGE AVE  
#3  
ORLANDO, FL 32801



02212006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0293422

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PIEDRA, MIGUEL  
63 N ORANGE AVE  
ORLANDO, FL 32801

**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

*Miguel Piedra MGR*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/28/06*  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
PIEDRA, ANTONIO O SR.  
63 N ORANGE AVE.  
ORLANDO, FL 32801

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
PIEDRA, ANTONIO O JR.  
63 N ORANGE AVE.  
ORLANDO, FL 32801

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
PIEDRA, MIGUEL A  
63 N ORANGE AVE.  
ORLANDO, FL 32801

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:**

*Miguel A Piedra*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

*4/13/06*

Daytime Phone #

*407.496.0030*