

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038768

FILED
Jan 13, 2007
Secretary of State

Entity Name: LOP INVESTMENT GROUP, LLC

Current Principal Place of Business:

63 N ORANGE AVE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

63 N ORANGE AVE
#3
ORLANDO, FL 32801

New Mailing Address:

63 N ORANGE AVE
ORLANDO, FL 32801

FEI Number: 20-0293422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIEDRA, MIGUEL
63 N ORANGE AVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

PIEDRA, ANTONIO O JR.
63 N ORANGE AVE
ORLANDO, FL 32801 US

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: ANTONIO O. PIEDRA, JR.

01/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PIEDRA, ANTONIO O SR.
Address: 63 N ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Delete
Name: PIEDRA, ANTONIO O JR.
Address: 63 N ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Delete
Name: PIEDRA, MIGUEL A
Address: 63 N ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTONIO O. PIEDRA, JR

MNGR

01/13/2007

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