2008 LIMITED LIABILITY COMPANY

FILED Apr 04, 2008 8:00 am Secretary of State

		REPORT					J		
DOCUMENT # L03000049110 1. Entity Name PATRICK WALSH, LLC						04-04-200		036 ***1	50.00
Principal Place	of Business	Mailing Address				600195	565		
2302 SAND HILL ROAD		2302 SAND HILL ROAD		Ì	l	0002			
DAVENPORT, F	FL 33837 US	DAVENPORT, FL 33837	US						
2. Principal Place of Business - No P.O. Box # 2629 Watterly Barn Rd		3. Mailing Address 2629 Waverly Barn Rd							
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 126			03052008	Chg-LLC	CR2E08	33 (12/06)	
Suite 126 City & State		City & State			4. FEI Number Applied For			plied For	
Davenport Fl		Davenport, Fl.			59-3684605 Not Applicable				
Zip	Country	33897	Country USA		5. Certificate	of Status Desired		5.00 Add	
33897	USA 6. Name and Address of Current R		JUDA		7 Name and	Address of New I		ee Require	<u> </u>
	o. Name and Address of Current N	radizreran wâeur	Name		7. Name and	Audress of New I	registereu A	gent	
LCP INVESTMENTS INC				<u>P I</u> :	nvestmer	nts Inc			
	HILLROAD		Street #	ddress (I 9 Wa	P.O. Box Numb Verly Ba	er is Not Acceptablern Rd	e)		
DAVENPOR	RT, FØ 33837								
				te 1				Zin Cod	
				venport FL Zip Code 33897					
	named entity submits this statement for one of registered agent.	the purpose of changing its re-	gistered office o	r register	ed agent, or bo	th, in the State of Fl	orida. I am f	amiliar with,	and accept
rie obligatio	in so registered agent.								
SIGNATURE _	Signature, typed or printed name of registered agent an								
1	inglinature, typed or printed harrie or registered agent at	id title if applicable. (NOTE: Ri	registered Agent signa	lure required	when reinstating)		DATE		
:-		d title if applicable. (NOTE: R	registered Agent signa	lure required	when reinstating)				
FILE	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75	d title if applicable. (NOTE: H	iegistered Agent signa	lura raquirad	when reinstating)		ke check partme		ė
FILE (After May	NOW!!! FEE IS \$138,75 1, 2008 Fee will be \$538.75 MANAGING MEMBER		egistered Agent signa	lure required	when reinstating)	Florid	ke check pa a Departmo	ent of Stat	0
FILE (After May 9.	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75 MANAGING MEMBER		10. ITILE	Mgr		Florid ADDITIONS	ke check pa a Departmo		e Addition
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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:

DI PRINTED NAME OF SIGNING MANAGING MEMBER, MANAG

03-08-08

Daytime Phone #