2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000052470

1. Entity Name

NLP INVESTMENTS, LLC



Principal Place of Business

8400 N. UNIVERSITY DRIVE

SUITE 203 TAMARAC, FL 33321 Mailing Address

P.O. BOX 740405

BOYNTON BEACH, FL 33474

FILED Apr 28, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

04242008 No Chg-LLC CR2

CR2E083 (12/07)

4. FEI Number 03-0532693

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIFRONZO, VITO 8400 N. UNIVERSITY DR, SUITE 203 TAMARAC, FL 33321 DO NOT WRITE

8. The above named entity submits this statement for the purpose of char	nging its registered office or registered agent, or both,	n the State of Florida. I am familiar with, and accept
the obligations of registered agent.		
SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIFRONZO, VITO P.O. BOX 740405 BOYNTON BEACH, FL 33474	05/19/08-80008-010 138.75
TITLE NAME STREET ADDRESS CITY+ST+ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	

11. I hereby certify that the information supplied with this filling does not quality 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:

JAING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/24/08

Daytime Phone #