

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000005737

Entity Name: LPL INVESTMENT, LLC

**FILED**  
**May 22, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

P.O. BOX 936271  
MARGATE, FL 330936271

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 936271  
MARGATE, FL 330936271

**New Mailing Address:**

FEI Number: 76-0750129      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MUHAMMAD, DESMOND  
1240 HAMPTON BLVD., #434  
NORTH LAUDERDALE, FL 33068      US

**Name and Address of New Registered Agent:**

MUHAMMAD, DESMOND  
P.O. BOX 936271  
MARGATE, FL 330936271      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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/22/2005

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: MUHAMMED, DESMOND  
Address: P.O. BOX 936271  
City-St-Zip: MARGATE, FL 330936271

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: MUHAMMAD, DESMOND  
Address: P.O. BOX 936271  
City-St-Zip: MARGATE, FL 330936271

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MUHAMMAD, DESMOND

MGR

05/22/2005

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