


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90010 034 ****50.00

DOCUMENT # L04000022608	
1. Entity Name LS & P DISTRIBUTORS, LLC	

Principal Place of Business 1042 HYPOLUXO ROAD PO BOX 3465 LANTANA, FL 33465	Mailing Address 1042 HYPOLUXO ROAD LANTANA, FL 33465
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2. Principal Place of Business 1042 HYPOLUXO RD	3. Mailing Address Same
Suite, Apt. #, etc. LANTANA	Suite, Apt. #, etc. Same
City & State FLA	City & State Same
Zip 33462	Country Galm Beach



07102005 Chg-LLC CR2E083 (10/03)

4. FEI Number 51-0508664	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent KUHARCIK, JOSEPH ESQ. 1211 THE PLAZA SINGER ISLAND, FL 33404	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAHLER, STEPHEN 1042 HYPOLUXO RD. LANTANA, FL 33465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Sam Sahler* LOUIS SAHLER *July 15/05* 581 5829192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #