


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90281 035 ***150.00

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1. Entity Name
 L. FRANK CHOPIN, PLC



Principal Place of Business
 515 N. FLAGLER DR
 STE 300P
 WEST PALM BEACH, FL 33401

Mailing Address
 P.O. BOX 4297
 WEST PALM BEACH, FL 33402

20005566



2. Principal Place of Business - No P.O. Box #
 223 Sunset Avenue
 Suite, Apt. #, etc.
 Suite 230

3. Mailing Address
 Suite, Apt. #, etc.

01102007 Chg-LLC CR2E083 (12/06)

City & State
 Palm Beach, FL

City & State

Zip
 33480

Country

Zip

Country

4. FEI Number
 51-0513211

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHOPIN, L. FRANK
 515 N. FLAGLER DRIVE
 STE 300P
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 223 Sunset Avenue
 Suite 230
 Palm Beach FL Zip Code 33480

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

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOPIN, L. FRANK 515 N. FLAGLER DRIVE, STE 300P WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 223 Sunset Avenue, Suite 230 Palm Beach, FL 33480
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 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: *L. Frank Chopin* 3/1/07 561-655-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #