

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000085413**

1. Entity Name  
L.P. ENTERPRISE, LLC



Principal Place of Business  
7644 PARK BOULEVARD  
PINELLAS PARK, FL 33781

Mailing Address  
7644 PARK BOULEVARD  
PINELLAS PARK, FL 33781



01192006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1942585	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

LEIGH, TIMOTHY G  
7844 PARK BLVD.  
PINELLAS PARK, FL 33781

**DO NOT WRITE  
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: registered agent signature required when restate[ing])

DATE

**Filing Fee is \$50.00  
Due by May 1, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	LEIGH, TIMOTHY G
STREET ADDRESS	4559 32ND AVE NO
CITY-ST-ZIP	ST PETERSBURG, FL 33713

TITLE	MGR
NAME	PIASECNY, TERRY
STREET ADDRESS	940 VIA SEGOVIA
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

UB00000429941  
02/22/06-80026-017 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #